



DR. T DENTAL
FAMILY AND COSMETIC DENTISTRY

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I hereby acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Print Name

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other _____

Employee Name _____ Date _____