

# Acknowledgement of Receipt of Notice of Privacy Practices

This form illustrates how a dental practice obtains acknowledgement of receipt of its Notice of Privacy Practices or document its good faith effort to obtain that acknowledgement.

## ANOKA RAMSEY DENTAL

\*You May Refuse to Sign This Acknowledgement\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_ Dependent(s): \_\_\_\_\_

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 (please circle):

- \*Individual refused to sign
- \*Communications barriers prohibited obtaining the acknowledgement
- \*An emergency situation prevented us from obtaining acknowledgement
- \*Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
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