ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

Privacy Prac	tices. , have received a copy of this office's Notice of
{Plea	se Print Name}
{Sign	ature}
{Date	p}
	For Office Use Only
Ne attempte acknowledge	ed to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but ement could not be obtained because:
	Individual refused to sign
	Communications barriers prohibited obtaining the acknowledgement
	An emergency situation prevented us from obtaining acknowledgement
	Other (Please Specify)

© 2002 American Dental Association All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.