

Family Dental Care
Acknowledgment of Notice of Privacy Practices

I, _____ have received a copy of this office's Notice of Privacy practices.

Signature _____

Date _____

For Office Use Only

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

Individual refused to sign.

Communication barriers prohibited obtaining acknowledgment.

An emergency situation prevented us from obtaining acknowledgment.

Other. Please specify: _____

Employee Initials _____