



## Acknowledgement of Receipt of Notice of Privacy Practices

---

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices document our good faith effort to obtain that acknowledgement.

---

### "You May Refuse to Sign This Acknowledgment"

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

---

For Office Use Only

---

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

---

---

---

©2013 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

requires the prior written approval of the American Dental Association.