

Acknowledgement of Receipt of Notice of Privacy Practices

A Notice of Privacy Practices for the Office of Dr. Jim Dick, *The Dentist*, is prominently posted in the Reception Room. I have been given the opportunity to read this notice and a copy of this document has been made available to me, upon request. I am acknowledging receipt of the Notice of Privacy Practices by signing below.

- You have the right to refuse to sign the Acknowledgement

PRINT Patient's Name		
First	Last	M.I.
Signature of Patient (or Parent / Legal Guardian)		Date
PRINT Parent's / Legal Guardian's Name		
First	Last	M.I.

For Office Use Only:

Written acknowledgment of receipt of Notice of Privacy Practices could not be obtained as:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- Emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____