



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Information:

Name of Patient _____ Date of Birth ___/___/___

Address _____

City _____ State _____ Zip _____ Phone() _____

I have received a copy of the Notice of Privacy Practices for Roberts Dentistry.

Signature of Patient or Personal Representative

Date

For Office Use Only:

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared by: _____

Signature: _____ Date: _____