A Heart for Dentistry & People

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

Print Name:	 	
Signature:	 	
Date:	 	

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement 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)