



FAMILY DENTISTRY

Section A: The Patient

Name: _____

Address: _____

Telephone: _____

Social Security #: _____

Section B: Acknowledgement of Receipt of Privacy Practices Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above named practice.

Signature: _____ Date: _____

Personal Representative's Name: _____

Relationship to Individual: _____

Section C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form:

Describe the reason why the individual would not sign this form:

Signature:

Signature: _____ Date: _____

Print Name: _____ Title: _____

Include this Acknowledgement of receipt in the individual's records

ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE

