

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I,, I have received a copy (name of parent/guardian)	of this office's Notice of Privacy Practices.
Child's name, printed	
Signature of Parent/Guardian	Date
For Offi	ice Use Only
We attempted to obtain written acknowledgement of reacknowledgement could not be obtained because:	eceipt of our Notice of Privacy Practices, but
Individual refused to sign	
Communications barriers prohibited ob	taining the acknowledgement
An emergency situation prevented us f	rom obtaining acknowledgement

Other please specify:

© 2002 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 by any other party requires the prior written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).