

# Acknowledgement of receipt of Privacy Practice Notice for Comprehensive Family Dental

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

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Please print your name here

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Patient signature – Parent if minor child

Date

## **FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign
- We were not able to communicate with the patient
- Other (Please provide specific details)

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Employee Signature

Date