

DENTAL HEALTH PARTNERS

***ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES***

You May Refuse to Sign This Acknowledgement

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

Please 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) _____