ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowldgement*

, _	, have received a copy of this
offi	ce's Notice of Privacy Practices.
	Please Print Name
	Signature
	Date
	For Office Use Only
	attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but knowledgement 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)
	· ·

© 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).