

Riversbend Dental

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.

\_\_\_\_\_  
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

\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_ Other (please specify)

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