



Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

I, _____, parent or legal guardian of _____
have read a copy of this office's Notice of Privacy Practices. I also agree _____, disagree _____
to have my child's dental treatment discussed with me in the lobby.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice,
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(PleaseSpecify)** _____

