ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement*

		, have received a copy of this
I, office's Notice	ce of Privacy Practices.	
Please Print Nam	e	
Signature		
Date		
		For Office Use Only
We attempt	ted to obtain written acknowled gement could not be obtained	dgement of receipt of our Notice of Privacy Practices, but because:
	Individual refused to sign	
	Communications barriers pro	hibited obtaining the acknowledgement
	An emergency situation prev	ented 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 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 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 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 Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use of this form by any other party requires the prior Reproduction and use 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).