

EXCELLENCE IN DENTISTRY, LTD.

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I hereby acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Patient Name

Print Name (If Other Than Patient)

Signature

Relationship

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining acknowledgement

An emergency situation prevented us from obtaining acknowledgment

Other (Please Specify):

Employee Name

Date