

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Addison Dental

You May Refuse to Sign this Acknowledgment

I, have received a copy of this office's Notice of Privacy Practices.

(PLEASE PRINT NAME)

(SIGNATURE)

(DATE)

I authorize the Staff of Addison Dental to have communication regarding my treatment, appointments and account issues with the following people
(List name & relationship to patient)

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)