

# Advance Family Dental

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## Acknowledgement of Receipt of Notice of Privacy Practices

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\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of the office's Notice of Privacy Practices.

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Please Print Name

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Signature

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Date

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### For Office Use Only

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

- Individual Refused to Sign
- Communications Barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other – Please Specify