



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

### Patient Information:

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_

**I have received a copy of the Notice of Privacy Practices for Roberts Dentistry.**

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Signature of Patient or Personal Representative

Date

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### For Office Use Only:

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

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Other: \_\_\_\_\_

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Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_