

Chesterfield Family Dental

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You may refuse to sign this acknowledgment.)

(Please fill out **ALL** areas)

I, _____, have received a copy of this offices "Notice of Privacy Practices."

(Please print patients name here.)

(Signature)

(Relationship to patient, for example: self, child or spouse)

(Date)

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; or
- Communication barriers prohibited obtaining the acknowledgement; or
- An emergency situation prevented us from obtaining acknowledgment; or
- Other (please specify)_____