



# Acknowledgement of Receipt of Notice of Privacy Practices

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Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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## Double Oak Mountain Family Dentistry ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*\*\*You May Refuse to Sign This Acknowledgement\*\*\*

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

\_\_\_\_\_  
(Please Print Patient's Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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
- Ⓞ Communications barriers prohibited obtaining the acknowledgement
- Ⓞ An emergency situation prevented us from obtaining acknowledgement
- Ⓞ Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
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