

PEDIATRIC DENTAL SPECIALISTS, P.C.

**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 Name

Signature

Date

Patient Name(s)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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)

