

Acknowledgement of Receipt of Notice of Privacy Practice

- **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.

Valley Pediatric Dentists P.C.
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

- I have received a copy of this office's Notice of Privacy Practices
- I have received a copy of this office's Notice of Privacy Practices, but I elect not to sign this receipt. (print name only)

Please print name: _____

Please sign name: _____

Date: _____

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

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)
