

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received a copy of
the Gentle Family & Implant Dentistry Notice of Privacy Practices

(Print Name)

(Signature of Patient)

***Staff will fill this section if patient's signature not obtained**

Our Office made a good faith effort to obtain acknowledgement of Receipt of our Notice of Privacy practices, but it was not obtained for the following reason:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other Situation _____