

Acknowledgement of Receipt of Notice of Privacy

BARNWELL FAMILY DENTISTRY

* You May Refuse to Sign This Acknowledgment*

I acknowledge that I have been provided a copy of Barnwell Family Dentistry's Notice of Privacy Practices, which has an effective date of **05/07/2015**, and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have received a copy of this office's Notice of Privacy Practices.

Name: _____

Signature: _____

Date: _____

Relationship to Patient (If not signed by the Patient): _____

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)