

HIGH POINT PEDIATRIC DENTISTRY

**Acknowledgement of Receipt
Of
Notices of Privacy Practices**

Patient Name: _____

Address: _____
Street City Zip

I have been allowed to read a copy of the Notice of Privacy Practices for the above named practice. I may obtain a copy by contacting the office manager.

Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared by: _____

Signature: _____

Date: _____