

# Patient Acknowledgement of Receipt of Dental Materials fact Sheet and 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}

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### For Office Use Only

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We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices and Dental Materials Fact Sheet, 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)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Office Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date