

Children's Dental Village

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I have received a copy of this office's Notice of Privacy Practices which applies to my children who receive dental care at Children's Dental Village:

Patient Name: _____ Relationship to Patient: _____

Patient Name: _____ Relationship to Patient: _____

Patient Name: _____ Relationship to Patient: _____

Patient Name: _____ Relationship to Patient: _____

Patient Name: _____ Relationship to Patient: _____

{Please Print Name}

{Signature}

{Date}

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)
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