

Children's Dental Village

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(Please note: You may refuse to sign this acknowledgement)

I have received and reviewed 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): _____