

Acknowledgement of Receipt of Notice of Privacy Practices

*Family Dental Clinic
1119 Sims
Dickinson, ND 58601*

**I have received a copy of this office's
Notice of Privacy Practices.**

Signature: _____ Date: _____

Printed Name: _____

**If you are signing this Consent on behalf of a patient,
please complete the following:**

Relationship to patient: _____

Name of patient: _____

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) _____