



Northside Dental

FAMILY, COSMETIC, AND IMPLANT DENTISTRY

Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment *

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

Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
-

© 2002 American Dental Association

All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).