

Acknowledgment of Receipt of Hillcrest Dental Notice of Privacy Practices

You May Refuse To Sign This Acknowledgement

I, _____ have read a copy of the Notice of Privacy Practices.

Patient Signature: _____ Date: _____

If Personal Representative, description of authority (parent/guardian, etc.) _____

For Office Use only

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

- Individual Refused To Sign
- Communication barriers prohibited obtaining written acknowledgment
- An Emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____