Hockessin Dental

# 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.

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:

- o __ Individual refused to sign
- o __ Communications barriers prohibited obtaining the acknowledgement
- o __An emergency situation prevented us from obtaining acknowledgement
- o __Other (Please Specify):