

# Acknowledgement of Receipt Notice of Privacy Practices

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Chart No

I, \_\_\_\_\_, have received a copy of Arundel Mills Dental Group's Notice of Privacy Practices.

\_\_\_\_\_  
(Print Patient Name)

\_\_\_\_\_  
(Patient or Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

## For Office Use Only Below This Line

Arundel Mills Dental Group attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

<input type="checkbox"/>	Individual refused to sign
<input type="checkbox"/>	Communications barriers prohibited obtaining the acknowledgement
<input type="checkbox"/>	An emergency situation prevented obtaining acknowledgement
<input type="checkbox"/>	Other (Please specify below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_