

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgment\*\***

**If the patient is less than 18 years of age, a parent, or legal guardian must sign.**

As required by the Privacy Regulations, I hereby acknowledge that a current copy of The Dental Shoppe's "NOTICE OF PRIVACY PRACTICES AND THE RED FLAG RULE" has been made available to me and has been explained to me to my satisfaction.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

I understand that this office may change their Notice of Privacy Practices and is not required to honor the terms of the original/previous versions.

\_\_\_\_\_  
{Signature of Patient or Parent/Legal Guardian}

\_\_\_\_\_  
{Date}

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### For Office Use Only

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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 acknowledgment
- Patient reviewed Privacy Practices but elected not to take a copy home
- Other (Please Specify)

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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