

Acknowledgement of Receipt of Notice of Privacy Practices

Washington Street Dental

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

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

Print Name: _____

Signature: _____

Date: _____

I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:

____ Mother

____ Husband

____ Father

____ Wife

____ Other (Please Specify) _____

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:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

