



Where Bright Smiles Begin

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**. I agree to accept telephone messages and/or emails regarding my child(ren)'s appointment schedule information.

{Please Print **Patient(s)** Name}

{Signature ~ Parent or Guardian}

{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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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