

Acknowledgement of Receipt of Notice of Privacy Practices

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

Parent or Guardian 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:

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

© 2002 American Dental Association
All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.