



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND
DENTAL MATERIAL FACT SHEET**

I, _____, have received a copy of Notice of Privacy practices and Dental Material Fact Sheet for this office

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy practices and Dental Material Fact Sheet, but we could not obtain it because:

_____ Individual refused to sign

_____ Communication barriers prohibited or prevented obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining the acknowledgement

_____ Other (please specify below)
