

Uehara Family Cosmetic Dentistry

Acknowledgement of Receipt of Notice of Privacy Practices

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or document our good faith effort to obtain that acknowledgement.

** You May Refuse to Sign This Acknowledgment**

I, _____ have read and understand the Notice of Privacy Practices of this office. A copy for my records was made available to me.

I understand the privacy practices of this office apply to my minor children named,

_____	_____
_____	_____
_____	_____

Print Name: _____

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