

Acknowledgement of Notice of Privacy Practices

MARCH 2022

You may refuse to sign this Acknowledgement

I have read a copy of this office's Notice of Privacy Practices on paper or electronically (for example, on a computer screen or tablet).

Date

I am aware that I may request a hard paper copy of this Notice of Privacy Practices today.

Print Name of Patient	Date

Signature of the Patient or Parent if for a minor

We attempted to obta but acknowledgemen		5	of our Notice of Privacy Practices,
	riers prohibited obt tion prevented us fi	aining the acknowle om obtaining ackno	5

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