

CONGRESSIONAL DENTAL CARE

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 Practice.

{Please 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)
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