

Acknowledgement of Receipt of Notice of Privacy Practices

Trinity Dental

*** You May Refuse to Sign This Acknowledgment***

_____ **I have received a copy of this office's Notice of Privacy Practices.**

_____ **I declined to receive a copy of the Notice of Privacy Practices.**

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)
