



CREATING SMILES WITH A PERSONAL TOUCH

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of Hometown Family Dental's
Notice of Privacy Practices.

Signature

Date

If patient is minor or dependent:

_____ Guardian Name

_____ Relationship to Patient

_____ Date

Information may also be released to:

_____ Name _____ Relationship

_____ Name _____ Relationship

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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