

Acknowledgement of receipt of Notice of Privacy Practices

## Mansfield CT Dental, PLLC

*\*You May Refuse to Sign This Acknowledgement\**

**I have received a copy of this office's Notice of Privacy Practices and I authorize Mansfield CT Dental, PLLC to email x-rays and health information to Specialists or to other offices I designate.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only

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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 acknowledgement

\_\_\_\_\_ An Emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (Please Specify)

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