



Jason Ashcroft DMD, MSD

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of this office's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Your Name (Please Print): _____

Your Signature: _____

Today's Date: _____

List all your children seen by our practice: _____

Please list any other person(s) that we may discuss treatment, recommendations, and/or billing issues:

Do Not Write Below – 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.

◇ Communication barriers prohibited us from obtaining the acknowledgment.

◇ Emergency situation prevented us from obtaining the acknowledgement.

◇ Other (Specify): _____

Received by: _____ Date: _____