

# *Roseberry Family Dental*

## **Acknowledgement of receipt of Notice of Privacy Practices and General Office Policy**

I, \_\_\_\_\_, have received a copy of this office's Notice of  
Privacy Practices and General Office Policy.

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Parent or Legal Guardian of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
For Office Use Only  
\_\_\_\_\_

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_