



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) _____

