

Sandhills Orthodontics

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name _____

I have received a copy of the Notice of Privacy Practices for the above

Signature of patient or personal representative

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of privacy practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

 Other: _____

Prepared by _____

Signature _____

Date _____