
Dentistry For Children
Matt W Anderson, DDS, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

I, _____ have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Official 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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
