

Acknowledgement Of Receipt Of Notice Of Privacy Practices

I, _____ have received a copy
(Name of Patient)

of **TOOTH ACRES, INC.** Notice of Privacy Practices.

(Signature of Patient)

<u>Staff Will Fill Out This Section If Patient's Signature Not Obtained</u>
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Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notice of Privacy Practices, but it was not obtained for the following reason:

Patient refused to sign.

Emergency situation kept us from obtaining the patient's signature.

Language barriers kept us from obtaining patient's signature.

Other situation _____