

Acknowledgement of Receipt of Notice of Privacy Practices

Ann Arbor Pediatric Dentistry

I acknowledge that today I was offered a copy of this office's Notice of Privacy Practices.

Patient Name (please print)

Date

Parent or Legal Guardian Name (please print)

Parent or Legal Guardian Signature

For Office Use Only

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

- Parent or Legal Guardian refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____

Office Personnel (please print)

Office Personnel Signature

Date