

## Acknowledgement of Receipt of Notice of Privacy Practices

### **\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of the Elevated Smiles Notice of Privacy Practices.

\_\_\_\_\_ [Please Print Name]

\_\_\_\_\_ [Signature]

\_\_\_\_\_ [Date]

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

Personal Representative's name

Relationship to Patient \_\_\_\_\_

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### **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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)