



A PLUS DENTISTRY

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

Acknowledgement

I, _____, have received a copy of A+ Dentistry's Notice of Privacy Practices.

Print Name _____ Signature _____ Date ___ / ___ / _____

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)
