

FIRST IMPRESSIONS FAMILY DENTISTRY
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I, have read the copy of this office's Notice of Privacy practices. I decline a copy at this time but may request a copy at any time.

Print Name

Signature

Date

(You May Refuse to Sign This Acknowledgement)

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

