

Creative Dentistry of Covington

Acknowledgement of receipt of Notice of privacy practices

You may refuse to sign this acknowledgement.

I, _____, have received a copy of this
Print Patient Name
office's Notice of Privacy Practices. (Available upon request.)

Signature of Patient or Guardian (if patient is a minor) Date

Print Name of Patient or Guardian (if patient is a minor)

For Office Use Only

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

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