



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received a copy of Anderson Dental's Notice of Privacy Practices and have had the opportunity to ask questions.
(Patient Name)

* You May Refuse to Sign This Acknowledgment*

Please CHECK and LIST your preferred means of communication:

- You may contact me at my home telephone number: _____
- You may contact me on my work telephone number: _____
- You may contact me on my cell telephone number: _____
- You may send me an unencrypted email/text message at: _____
- Other _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

I have received a copy of Anderson Dental'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) _____

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