



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____, acknowledge that I have received and reviewed a copy of Frontier Family Dentistry's Notice of Privacy Practices.

Please,

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 acknowledgment could not be obtained because:

- a. Individual refused to sign
- b. Communication barriers prohibited obtaining
- c. An emergency situation prevented us from obtaining acknowledgement
- d. Other (please specify): _____