



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You may refuse to Sign this Acknowledgement****

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Signature _____

Date _____

**I give permission for Blowe Family Dentistry to disclose information to the following individuals
(please include name of individual(s)):**

- Spouse _____
- Parent(s) _____
- Child _____
- Guardian _____
- Personal friend _____
- Other (please specify) _____

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
- A copy was mailed with a request for a signature by return mail
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

Prepared by _____

Signature _____ Date _____