Creative Dentistry of Atlanta

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)

_____

_____

_____