

Sprucewood Dental Associates

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the **Notice of Privacy Practices** of this office.

Name (Please Print)

Signature

Date

Please Note: It is your right to refuse to sign this acknowledgement.

Office Use Only

We tried to obtain written acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- Other:

I GIVE YOU PERMISSION TO SHARE MY INFORMATION WITH THE FOLLOWING PEOPLE:

