



**STARR &
DICKENS**
ORTHODONTICS

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name _____

Patient Address _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

| |
|----------------------------|
| FOR OFFICE USE ONLY |
|----------------------------|

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared by (staff) _____

Signature of (staff) _____

Date _____