



You May Refuse to Sign This Acknowledgment

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

I also agree that the dental practice may communicate with me electronically via email and text message. I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

Print Name: _____

Signature: _____

Date: _____

Patient Information May be Released to the Following People:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

