

ROSE HILL DENTISTRY

**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

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
 - COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT
 - AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT
 - OTHER (PLEASE SPECIFY)
- _____
