

Acknowledgment of Receipt of Notice of Privacy Practices

Wennersten Dental Care

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

(If patient is a minor, this form to be completed by accompanying parent or legal guardian)

Patient's Name: _____

Parent or Legal Guardian's Name: _____

Signature: _____

Date: _____

You May Refuse to Sign This Acknowledgment

<For Office Use Only>

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify)

