

Acknowledgement of Receipt of Notice of Privacy Practices

Hampshire Family Dental

\*You May Refuse to Sign This Acknowledgement\*

I have received a copy of this office – Notice of Privacy Practices

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,  
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)

\_\_\_\_\_  
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