

Acknowledgement of Receipt
of
Notice of Privacy Practices

I _____ have read and/or received a copy,
(Patients name – Printed)

Of the Notice of Privacy Practices for Sandra E Slater D.D.S.

_____ I give my permission to Dr. Slater and her staff that they may leave a
(initials)
message regarding confirmation of dental appointments on any phone number
that I have provided.

(Patient Signature here)

Staff Will Fill Out This Section If Patient's Signature is Not Obtained

Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notice of Privacy Practices, but it could not be obtained for the following reasons:

____ Patient refused to sign

____ Emergency situation kept us from obtaining the patient's signature.

____ Language barriers kept us from obtaining the patient's signature.

____ Other _____