

## Acknowledgement of Receipt of Notice of Privacy Practices

*You May Refuse to Sign This Acknowledgement*

I, \_\_\_\_\_ [full name], have received a copy of the BME Dental Notice of Privacy Practices.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

**Personal Representative's name** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

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## 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)