Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Grandville Family Dental Care, P.C.

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 and Financial Policy.

{Please Print Name}

{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 |
|--|------------|---------|----|------|
|--|------------|---------|----|------|

| | Communications | barriers | prohibited | obtaining t | the acknowl | edaement |
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An emergency situation prevented us from obtaining acknowledgement

| Other (Please Specify | y) |
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