

**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.

*****You May Refuse to Sign This Acknowledgement*****

I, _____, have reviewed a copy of this office's Notice of Privacy Practices.
(Print name here)

Signature

Date

*Copies are available at the front desk, as well as on our website (www.charlestonperiodontics.com), if you are interested in obtaining one for your records.

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:

- Patient refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented the patient from signing the acknowledgement.
- Other (Please specify) _____

Office Personnel Initials

Date