



**Acknowledgement Of Receipt of  
*Notice of Privacy Practices***

I, \_\_\_\_\_, acknowledge that I have received the Blackstone Valley Dental Associates *Notice of Privacy Practices* for \_\_\_\_\_.

Patient/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

You May Refuse to Sign This Acknowledgement

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Acknowledgement of receipt of our Notice of Privacy Practices 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) \_\_\_\_\_ Received by: \_\_\_\_\_