

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Russell J. Tibbetts, D.D.S., P.A.

You may refuse to sign this acknowledgment

I have received a copy of this office's Notice of Privacy Practices.

Print Patient Name _____

Signature of Patient or Parent/Guardian if minor

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

