



209A N. Ridgeway Drive • Cleburne, TX 76033  
Phone: (817) 641-4488 • Fax: (817) 645-3599  
www.BondGeneralDentistry.com

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You may refuse to sign this acknowledgement\*\***

I, \_\_\_\_\_, have  
Name of Patient  
received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Patient (Parent or Guardian if minor) Date

---

### Office team will fill out this section if patient's signature is not obtained.

Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notice of Privacy Practices, but could not for the following reason:

- Individual refused to sign.
- An emergency situation prohibited us from obtaining patient's signature.
- Communication barriers prohibited us from obtaining patient's signature.
- Other \_\_\_\_\_  
\_\_\_\_\_