

FRIENDLY SMILES DENTAL GROUP

ACKNOWLEDGMENT 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 Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledge of receipt of our Notice of practices, but
acknowledgement 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)
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PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

"I have received a copy of the Dental Material Fact Sheet as required by law"

Signature: _____

Date: _____