

Fairview Park Dental Care

**ACKNOWLEDGMENT OF  
RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment. You may refuse to sign this acknowledgment.

I, (print name) \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

We attempted to obtain written acknowledgment of Receipt of our Privacy Practices, but acknowledgment could not be obtained because:

\_\_\_\_\_ The Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment

\_\_\_\_\_ An emergency situation prevented us from obtaining the acknowledgment

\_\_\_\_\_ Other, please specify: