ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

SECTION A: THE PATIENT

NAME: _____
ADDRESS: _____
PHONE: _____

SECTION B: ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I, _____, acknowledge that I have received a Notice of Privacy Practices from Redland Family Dental.

Patient/Guardian Signature _____ Date _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

PERSONAL REPRENTATIVE'S NAME: _____
RELATIONSHIP TO PATIENT: _____

SECTION C: GOOD FAITH EFFORT TO OBTAIN ACKNOLEDGEMENT OF RECEIPT

Describe your good faith effort to obtain the individual's signature on this form:
_____
_____

Describe the reason why the individual would not sign this form:
_____
_____

Signature: _____
Print Name: _____