

**ACKNOWLEDGEMENT 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 Privacy Practices*.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We have 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 us from obtaining acknowledgement
- Other (Please Specify)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ hereby acknowledge that I have received a copy of Wilbraham Family Dentistry, LLC's "Notice of Privacy Practices", which explains in detail how Wilbraham Family Dentistry, LLC may use and disclose my/my child's/my ward's health care information.

I understand that Wilbraham Family Dentistry, LLC has reserved the right to change the Notice of Privacy Practices at any time. I also understand that I may obtain a current copy of the Notice of Privacy Practices by contacting the Privacy Officer.

Signature: _____ Date: _____
(Patient or personal representative with legal authority to act on behalf of the patient.)

If signed by a Personal Representative:

Print Name: _____ Role: _____
(Parent, guardian, etc.)

Witness: _____ Date: _____

If the patient or personal representative did not sign above, staff must document when and how the notice was given, to whom notice was given, why a signature could not be obtained, and the efforts made to obtain the signature.

Notice of Privacy Practices given to _____ on _____

By: (Check one)

- Face-to-face meeting
- Mailing
- E-Mail,
- Other (describe _____)

- Reason Signature Not Obtained:
- Patient or Personal Representative chose not to sign.
- Patient or Personal Representative did not respond to request(s) for signature
- E-mail receipt verification obtained
- Other _____

Good Faith Efforts to Obtain Signature:

The following good faith efforts were made to obtain the Patient's or Personal Representative's (if applicable) signature. Please document with specificity (e.g., dates(s), time(s), individual(s) spoken to and outcome of attempt(s) the efforts that were made to obtain the signature. More than one attempt must have been made.

Face to face presentation(s) _____

Telephone contact(s) _____

Postal Mailing(s) _____

E-Mail(s) _____

Other _____

Staff Signature: _____ Title: _____

Print Name: _____ Date: _____