

# Greenwood Dental

## Acknowledgement of Receipt of Notice of Privacy Practices

o o o \*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 attempted to obtain written acknowledgement of receipt of our Notice  
of Privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications
- An emergency situation prevented us from obtaining  
acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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14, 2002)

Revised on January 24, 2007.