

Acknowledgment of Receipt of Notice of Privacy Practices

Hanover Pediatric Dentistry

I have received a copy of this office's Notice of Privacy Practices. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name _____
LAST FIRST MI

Your Signature _____

Today's Date _____

List all children seen by our practice _____

Do Not Write Below – For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited us from obtaining the acknowledgment
- Emergency situation prevented us from obtaining the acknowledgment