

Pedodontic Associates, Inc.
Privacy Practice Notice Acknowledgement

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Name of Patient: _____
(Print)

Parent /Guardian Name: _____
(Print)

Signature: _____

Date: _____

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
- () Communications barriers prohibited obtaining the acknowledgment
- () An emergency situation prevented us from obtaining acknowledgment
- () Other (Please Specify)

Received by: _____ Date: _____ Patient Acct. # _____