

**Acknowledgement of Receipt of Notice of Privacy Practices**

**Coldwater Family Dentistry P.C.**

\* You May Refuse to Sign This Acknowledgment\*

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

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

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