

# ***Foothills Dental Associates***

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## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's

**Notice of Privacy Practices.**

{Please Print Name}

\_\_\_\_\_

(Accepting on behalf of all dependents on my account)

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

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Signature of Staff Member:

Date:

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