

Century Dental Center Acknowledgment Of Receipt Of Notice Of Privacy Practices

You May Refuse to Sign This Acknowledgment

I, _____, have received a copy/or have read the 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 acknowledgment could not be obtained because:**

Individual refused to sign

Communication barriers prohibited obtaining the

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)
