

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Edina Dental Care's Notice of Privacy Practices.

Please Print Name

Signature

Date

If not signed by the patient, please indicate relationship:

___ Parent or guardian of minor patient

___ Guardian or conservator of patient

___ Beneficiary or personal representative of deceased patient

FOR OFFICE USE ONLY

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

___ Individual refused to sign

___ An emergency situation prevented us from receiving acknowledgement

___ Other (Please specify)