

Saifee Family Dentistry, PA

Acknowledgment of Receipt of Privacy Practices Notice

You may refuse to sign this acknowledgment.

I have received a copy of the Notice of Privacy Practices from this office.

Printed name of patient

Signature

Responsible party if signature by minor

For office use only:

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

- Individual refused to sign
- Barriers in the communication prohibited to obtain confirmation
- An emergency situation prevented us from obtaining confirmation
- Others (Please specify)

