Georganne McCandless, D.D.S. Pediatric Dentistry

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

1,		, have received a copy of this office's
Notice of Pr	ivacy Practices.	
		_
Plea	se Print Name	Relation to the Patient(s)
Signature (Patient Signature if 18yrs. or older)		
Date		
May we send a 'Thank You' with your name and your child's name to your referral source?		
Yes	No	
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 prob	nibited obtaining the acknowledgement
	An emergency situation preve	nted us from obtaining acknowledgement
	Other (Please Specify)	

© 2002 American Dental Association All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).