

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I, _____, Have received a copy of the Urban Dental Notice of Privacy Practices.

{Patient Name} _____

{Signature} _____

{Date} _____

If this Acknowledgment is signed by a personal representative on behalf of the patient, please complete the following:

Patient _____

Personal Representative's name _____

Relationship to Patient _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment 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)

