

# Acknowledgement of Receipt of Notice of Privacy Practices

## Wake Orthodontics and Pediatric Dentistry

Name of Patient \_\_\_\_\_

Our office is happy to provide a copy of the Notice of Privacy Practices upon request.

\_\_\_\_\_  
Signature Date of Birth

### For Office Use Only

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

\_\_\_\_\_

Other:

\_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_