

## Patient's Acknowledgement of Receipt of Notice of Privacy Policies

I, \_\_\_\_\_, have had an opportunity to read and received a copy of Dental Health of Maplewood's Notice of Privacy Policies. This acknowledgement is on my behalf as well as the below listed dependents:

Dependents: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

On \_\_\_\_\_, an *Acknowledgment of Receipt of Notice of Privacy Policies* form was delivered. The form was not signed due to:

- ☐ Communication barriers which prevent acknowledgement
- ☐ An emergency which prevent acknowledgement
- ☐ A refusal to sign
- ☐ Other \_\_\_\_\_