

Amador Family Dentistry, PLLC

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

You May Refuse To Sign This Acknowledgement

I, _____ have been informed of this
office's H.I.P.A.A. compliance, Notice of Privacy Practices.

Sign Here (If age 18 or over)

(If signing for someone under the age of 18 list relationship and name of patient)

Today's Date

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 prohibited obtaining acknowledgement
- () An emergency situation prevented us from obtaining acknowledgement
- () Other (Please Specify)

