

SHREWSBURY, CLAYWELL AND OLIVER DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I have received a copy to this practice's Notice of Privacy Practices

PATIENT NAME: _____

PATIENT SIGNATURE: _____
(or Guardian)

DATE: _____

The following person/persons are allowed to receive my medical information:

For Office Use ONLY

We attempted to obtain the patient's signature in acknowledgement of this notice of Privacy Practices, but were unable to do so as documented below:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify

Date: _____ Initials: _____

Revised: 9/1/2013

Revised: 4/10/14