

Coastal Dental Group South

Acknowledgement of Notice of Privacy Practices.

You may refuse to sign this acknowledgement

I, _____ have been informed of this office's Notice of Privacy Practices.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement that the patient was informed of our notice of privacy practices; acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication Barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining the acknowledgement
 - Other-Please Specify
- _____

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