

NORTH COAST DENTAL EXCELLENCE

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES and
DENTAL MATERIALS FACT SHEET**

***** You May Refuse to Sign this Acknowledgement*****

I, _____ have received a copy of this office's
Notice of Privacy Practices and Dental Materials Fact Sheet.

(Signature)

(Date)

Thank you!

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**
- **Communication barriers prohibited obtaining the acknowledgement**
- **An emergency situation prevented us from obtaining acknowledgement**
- **Other (Please Specify) _____**