

6TH SENSE DENTAL

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
*YOU MAY REFUSE TO SIGN***

I, _____ (PRINT NAME), have received a copy of this office's Notice of Privacy Practices.

(Signature)

(DATE)

Whom may we release both your medical & account information to: (Parents, Spouse, Siblings, Grandparents, etc.) Please be specific:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

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
- Emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____