

**Acknowledgement Of Receipt
Of
Notice of Privacy Practices**

_____ have received a copy of
(Name Of Patient)

_____ **Notice of Privacy Practices.**
Stephen K. Brandt D.D.S. P.A.

_____ (Signature Of Parent) (Date)

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other _____