

Wilmington Dental Arts
Acknowledgement of receipt of Privacy Practices

I, _____, have received a copy of this office's notice of privacy practices.

(please print name)

I have acknowledge receipt for my dependents (under age 18) listed below.

Signature _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communication barrier prohibited obtaining the acknowledgment
- _____ Emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify)