

# Midlands Pediatric Dentistry

## Acknowledgement of Receipt of Notice of Privacy Practices

You may decline to sign this acknowledgement

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Name of Child(ren) and Date of Birth

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR OFFICE USE ONLY  
\_\_\_\_\_

The office of Midlands Pediatric Dentistry attempted to obtain written acknowledgement of receipt of the office's Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual declined to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented the office from obtaining acknowledgement.
- Other (please specify) \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_