

Century Dental Associates

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign this Acknowledgement.

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

Please Print Name

Signature

Date

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

- Communication barriers prohibited obtaining acknowledgement.
 - An emergency situation prevented us from obtaining acknowledgement.
 - Individual refused to sign.
 - Other (Please specify).
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