Always Genial
Dental Care P.C.

# NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT

I certify that I was offered a copy of this office's Notice of Privacy Practices. I am aware that I may receive a copy of this policy at any time. This policy is also posted in the office reception area.

* _____

**Patient Name**

* _____ _____

**Signature of Patient / Legal Guardian** **Date**

**BELOW IS FOR OFFICE USE ONLY**

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

( ) Individual refused to sign
( ) Communications barriers prohibited obtaining the acknowledgement
( ) An emergency situation prevented us from obtaining
( ) Other (please specify)

_____

_____

**** You may refuse to sign this acknowledgement. ****



**This form is educational only, does not constitute legal advice, and covers only federal, not state law (August 14, 2002). ED 2012**