



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have received a copy of GR Family Dental's Notice of Privacy Practices Form.

Patient Name

Date

Signature of Patient or Legal Representative

Relationship to Patient

Documentation of Failure to Obtain Signed Acknowledgement

On _____, _____ presented this Acknowledgement
(date) (staff member's name)
of Receipt of Notice of Privacy Practices Form to _____.
(patient's name)

The Patient refused to provide a signature when requested.

Staff Member's Signature

Date