

# Acknowledgement of Receipt Notice of Privacy Practices (Colonial Dental Associates, LTD.)

\* You May Refuse to Sign This Acknowledgment\*

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Right to Revoke:**

\_\_\_\_\_ **SIGN THIS PORTION AT A LATER TIME/DATE** \_\_\_\_\_

I have the right at any time to revoke this Acknowledgement for any reason. I have the right to sign this portion **at a later time/date** of my choice to revoke my Acknowledgment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_