



Cody Dental Group *Established 1946*

Acknowledgement of Receipt of Notice of Privacy Practices

***You may refuse to sign this acknowledgement*

I have had the opportunity to review a copy of this office's Notice of Privacy Practices.

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:

____ Individual refused to sign.

____ Communication barriers prohibited the acknowledgement.

____ An emergency situation prevented us from obtaining acknowledgement.

____ Other. (please specify)

