

# **ROSE TREE PEDIATRIC DENTISTRY**

*working together, creating healthy smiles*

## **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.

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Please Print Name

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Signature

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Date

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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 barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)