



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have been given access to In-House Dental Care’s Notice of Privacy Practices on the website www.inhousedentalcare.com and understand that I can request a printed copy.

Please Print Patient’s Name

Signature of Responsible Party or Power of Attorney

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, as required by law, but acknowledgment could not be obtained because:

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

