

**Acknowledgement of Receipt of Notice of Privacy Practices**

**Marion Dental Health**

**\* You May Refuse to Sign This Acknowledgment\***

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

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

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

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

I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:

\_\_\_\_ Mother

\_\_\_\_ Husband

\_\_\_\_ Father

\_\_\_\_ Wife

\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**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
- ⊖ Communications barriers prohibited obtaining the acknowledgement
- ⊖ An emergency situation prevented us from obtaining acknowledgement
- ⊖ Other (Please Specify)

---

---