

City Kids Dental North Shore, LLC

**Acknowledgment of Receipt of
Notice of Privacy Practices**

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

* You may refuse to sign this acknowledgment *

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

PLEASE PRINT NAME

SIGNATURE

DATE

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify) _____