

Patient Names:

YOUNG DENTISTRY FOR CHILDREN, L.L.C.

**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.

(Please Print Name)

(Signature)

(Date)

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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 of:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
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