

South Des Moines Dental

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form I acknowledge that I have received South Des Moines Dental's Privacy Notice. I have the right to review the Privacy Notice prior to signing this acknowledgment form.

South Des Moines Dental has the right to change the Privacy Notice form at any time. The revised Privacy Notice will be posted within the facility, and paper copies will be available at the front desk.

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

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

Print Name: _____

Signature: _____

Date: _____

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)
