



BUEHNER FAMILY DENTAL CARE

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 Practice.

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) _____
