



RENAISSANCE DENTISTRY

**Acknowledgement of Receipt of Privacy Practices**

\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have received a copy of  
**this office's Privacy Practices.**

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**FOR OFFICE USE ONLY**  
\_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our 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 below)

\_\_\_\_\_  
\_\_\_\_\_