



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, acknowledge that a copy of this office’s Notice of Privacy Practices is posted online at www.pasadenadentalgroup.com. I have a right to receive an electronic (via email*) or printed copy of this notice should I request it from the office staff.

_____ {Printed Name} _____ {Signature} _____ {Date}

_____ {*Email address for copy of notice}

For Office Use Only

- Patient requested:
- Notice to be emailed to: _____ on _____ {date}
 - Paper copy. Copy provided by: _____ {staff initials}

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)
