



Harris Dental

Brockton • W. Barnstable • Hyannis

Acknowledgment of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, understand and have read the office's Notice of Privacy Practices Policy.

Optional: I, authorize the following person(s) below to obtain information pertaining my dental records and patient account:

Authorized person(s) full name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized person(s) full name \_\_\_\_\_ Relationship \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_