



# Acknowledgement of Receipt of Notice of Privacy Practices

## **\*\*You May Refuse to Sign this Acknowledgement\*\***

I, (please print name) \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. Signing below also services as authorization to release information to patient's insurance carrier as well as authorizing any insurance payment to be made directly to Rebecca Swertloff, DDS, Inc.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Office Use Only  
\_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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):

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