

# VILLAGE DENTAL

AUBURN, ALABAMA

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## Acknowledgment of Receipt of Notice of Privacy Practices \*\*You May Refuse to Sign This Agreement\*\*

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I have read a copy of this office's Notice of Privacy Practices and can receive a copy, if I asked.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please list any other parties who can have access to the patient's health information:

_____	_____
_____	_____
_____	_____
_____	_____

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### For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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