

Acknowledgement of Receipt of Notice of Privacy Practices

To be completed by each patient and kept in the patient chart. If patient is a minor, a parent or guardian must complete and sign this form.

You may refuse to sign this acknowledgement

I, _____ have received a copy of Dr. Bonin's Notice of Privacy Practices.

PRINT NAME (Name of Parent/Guardian if patient is a minor)

SIGNATURE

DATE

****For Office Use Only****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because (check one):

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement An emergency situation prevented us from obtaining acknowledgement Other (please specify)

By: _____ (initials) Date: _____ Scott Bonin, DDS