



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

**\*\* You may refuse to Sign this Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I give permission for Blowe Family Dentistry to disclose information to the following individuals  
(please include name of individual(s)):**

- Spouse \_\_\_\_\_
- Parent(s) \_\_\_\_\_
- Child \_\_\_\_\_
- Guardian \_\_\_\_\_
- Personal friend \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- A copy was mailed with a request for a signature by return mail
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_

Prepared by \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ Date