

# East Metro Beautiful Smiles

## Acknowledgement of receipt of Notice of privacy practices

\*You may refuse to sign this acknowledgement.\*

I, \_\_\_\_\_, have received a copy of this  
Print Patient Name  
office's Notice of Privacy Practices. (Available upon request.)

\_\_\_\_\_  
Signature of Patient or Guardian (if patient is a minor) Date

\_\_\_\_\_  
Print Name of Patient or Guardian (if patient is a minor)

---

### For Office Use Only

---

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

- ( ) Individual refused to sign.
- ( ) Communications barriers prohibited obtaining acknowledgement.
- ( ) An emergency situation prevented us from obtaining acknowledgement.
- ( ) Other (Please specify)

---

---

---