



Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received or have been given the opportunity to receive/review a copy of Smiles in the Valley’s Notice of Privacy Practices. By signing below I am “only” giving acknowledgment that I have received or have been given the opportunity to receive/review this organization’s Notice of our Privacy Practices.

Patient Name (Print) _____

Patient’s Date of Birth _____ Date: _____

Signature of Patient or Parent/Legal Guardian Signed

Name of parent/legal guardian if signing for patient

****FOR OFFICE USE ONLY**

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