

**SHREWSBURY, CLAYWELL AND OLIVER DENTISTRY**

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

\*You may refuse to sign this acknowledgement\*

**I have received a copy to this practice's Notice of Privacy Practices**

(a copy of the notice can be provided upon request)

PATIENT NAME: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

(or Guardian)

DATE: \_\_\_\_\_

**The following person/persons are allowed to receive my medical information:**

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use ONLY**

We attempted to obtain the patient's signature in acknowledgement of this notice of Privacy Practices, but were unable to do so as documented below:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised: 9/1/2013

Revised: 4/10/14

Revised: 10/23/18