

CRANBROOK DENTAL GROUP

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have received a copy of the **Notice of Privacy Practices** of this office.

Signature

Date

Please list the names of family member(s) who we may disclose your health information:

Please print the names you add below!

_____	_____
_____	_____
_____	_____

Please Note: It is your right to refuse to sign this acknowledgement

We tried to obtain written acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The individual was unwilling to sign. Date: _____
- Other:

Date: _____

Patient Information - **Please Print**