

**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES NOTICE  
Carolina Dentures**

**SECTION A: The Patient**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECTION B: Acknowledgement of Receipt of Privacy Practices Notice**

I, \_\_\_\_\_, acknowledge that I have received a Notice Of Privacy Practices from the above-named practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete The following

Personal Representatives Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**SECTION C: Good Faith Effort to Obtain Acknowledgement of Receipt**

Describe your good faith effort to obtain the individuals signature on this form: \_\_\_\_\_

\_\_\_\_\_

Describe the reason why the individual would not sign this form: \_\_\_\_\_

\_\_\_\_\_

**Signature**

I attest that the above information is correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_