

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

You may refuse to sign this acknowledgement

I, _____, acknowledge that I have received a copy of Rio Rancho Family Dental Care's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Official Use Only

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

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