

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*You may refuse to sign this acknowledgement\***

I, \_\_\_\_\_, have received a copy of this office's NOTICE OF PRIVACY PRACTICES and I authorize Kemnitz Orthodontics to release information to my dentist(s) of record.

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Please Print Name

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Signature

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Date

## FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_