

**Acknowledgement Of Receipt
Of
Notice Of Privacy Practices**

I, _____ have received a copy of
(Name of Patient)

HELOTES COSMETIC & FAMILY DENTISTRY, PLLC's Notice of Privacy Practices.

(Signature of Patient/Legal Guardian)

Date

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other: _____