

**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 \_\_\_\_\_