**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.

_____ _____ _____

Please Print Signature Date

Please mark how we can contact you: ____Work____Home____Cell

Please mark where we may leave a message:
____Work____Home_____Cell

Whom may we discuss your Dental Health with: _____, _____
Name Name

_____, _____, _____, _____
Name Name Name Name

I, _____, give Dr. Vandervoorts office permission to fax school/work excuses.

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For office use only

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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

_____Other_____