

Nahas & Donahue Orthodontics
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have read the notice and/or received a copy of this office's Notice of Privacy Practices. (SELF OR RESPONSIBLE PARTY)

{Please Print Name} (PATIENT NAME)

{Signature} (SELF OR RESPONSIBLE PARTY)

{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
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)