

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, \_\_\_\_\_, have received/reviewed a copy of  
BOSTON DENTAL GROUP'S Notice of Privacy Practices.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## Authorization to Release Information

I, \_\_\_\_\_, authorize the following person(s) to have access  
to information covered under the Privacy Act to people other than yourself.

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Relationship

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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other \_\_\_\_\_