
COHASSET VILLAGE
D E N T I S T R Y

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgement

I, _____ ,
(Printed Name)

have been given the opportunity to review and receive a copy of this office's Notice of Privacy Practices.

(Signature)

(Date)

I give permission to discuss dental and/or financial matters to:

Name: _____

Relationship to patient: _____

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):

