Legacy Dental Care

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I have received a copy of this office's Notice of Privacy Practices.

{Please Print Name}

{Signature}

{Date}

I Authorize Legacy dental to discuss my dental care with:

Patient Initials_____

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

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