
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:

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- Individual refused to sign
-
- Communications barriers prohibited obtaining the acknowledgment
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- An emergency situation prevented us from obtaining acknowledgement
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- Other (Please Specify)
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