COASTAL CONNECTICUT DENTISTRY

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

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

_____
Please Print Name

_____
Signature Date

I give permission for **Coastal Connecticut Dentistry** to give the listed persons below any personal health information.

_____
Name/Relationship

For Office Use:

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

1. *Individual refused to sign*
2. *Communications barriers prohibited obtaining the acknowledgement*
3. *An emergency situation prevented us from obtaining acknowledgement*
4. *Other (Please Specify)*

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