

# Acknowledgement of Receipt of Notice of Privacy Practices

Growing Smiles Pediatric Dentistry  
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\* You May Refuse to Sign This Acknowledgment\*

**Patient's Name:** \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only

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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)
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