

# HARBOR DENTAL

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## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You May Refuse to sign This Acknowledgment \*

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

\_\_\_\_\_  
Please Print Patient's Name

\_\_\_\_\_  
Signature of Patient ( Parent or Guardian if under age 18 )

\_\_\_\_\_  
Date

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### For Office Use Only

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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 acknowledgment
- ☐ Other ( Please Specify )

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