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**BELTLINE FAMILY DENTISTRY**

**Acknowledgement of Receipt of  
Notice of Privacy Practices**

\* You May Refuse to Sign This Acknowledgment\*

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**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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