



ROCKCASTLE FAMILY DENTAL CENTER

You May Refuse to Sign This Acknowledgement

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

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

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 barrier prohibited obtaining the acknowledgement.

___ An emergency situation prevented us from obtaining acknowledgement.

___ Other (Please Specify)
