

SA FAMILY DENTIST
(SNA DENTAL PC)

**ACKNOWLEDGEMENT of REVIEW of
NOTICE of PRIVACY PRACTICES**

I have reviewed this office's Notice of Privacy Practices, which explains how my dental information will be used and disclosed.

Please print your name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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)
- _____
- _____

Witness

Date

form 01/11