

## Acknowledgement of Receipt of Notice of Privacy Practices

\*Please Note: It is your right to refuse to sign this Acknowledgement\*

**I have read and understand Central Massachusetts Orthodontic Associates Notice of Privacy Practices**

\_\_\_\_\_  
**Print Name of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient or Parent/Guardian if the patient is under the age of 18**

\_\_\_\_\_  
**Relationship to patient**

\_\_\_\_\_  
**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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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