

# Senatobia Dental Care, P.C.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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### **\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of  
(Parent or Guardian) Privacy Practices.

\_\_\_\_\_  
(Please Print Patient Name)

\_\_\_\_\_  
(Signature: Patient, Parent, or Guardian)

\_\_\_\_\_  
(Today's Date)

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### 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 acknowledgement
- Other (Please Specify)

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