

# Amelia Family Dentistry

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## Acknowledgement of Notice of Privacy Practices

\*You May Refuse to Sign this Acknowledgement\*

I acknowledge that I have been informed of Amelia Family Dentistry's privacy practices. I am aware that a copy of this office's notice of privacy practices is available for my review.

My or my minor child's dental history and account can be discussed with the following person(s), until revoked by me in writing.

(Name)	(Relation)	(Phone)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If a minor child both parents must be listed\*\*

_____	_____	_____
<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

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### For Office Use Only

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We attempted to obtain written acknowledgement 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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