

Shoreline Family Dental Group, P.C.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

(You May Refuse to Sign This Acknowledgement)

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

I understand that I may receive appointment confirmation
messages (as well as reminders about premedicating prior to an
appointment) via answering machine, voice mail, postcard, or
through another member of my household.

(Please Print Name)

Names of Minor Children:

Signature of Patient/Parent

Date

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For Office Use Only  
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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 barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (specify)
