

BRUNSWICK DENTAL HEALTH

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, _____, have received a copy of Brunswick Dental Health's
Notice of Privacy Practices.

As parent and personal representative for my minor child/children, I acknowledge receipt of the
notice of privacy practices for (please print full names of all applicable children):

_____	_____
_____	_____
_____	_____

{Signature}

_____ {Date}

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 emergency situation prevented us from obtaining

Communication barriers Other(please specify)_____