

Mann Family Dental, LLC
Acknowledgement of Receipt of
Notice of Privacy Practice

The Health Insurance Probability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of same. *You may refuse to sign this acknowledgement form.*

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print name _____

Sign name _____

Date _____

OFFICE USE ONLY

- Patient refused to sign

- Emergency situation

- Unable to communicate with patient

Other _____

