



RACHEL PACKER, DDS, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgment****

I, _____, have received a copy of this office's Notice of Privacy Practices and this acknowledgement will be kept on record for the following mentioned patients:

(Print 1st Child's Name)

(Print 2nd Child's Name)

(Print 3rd Child's Name)

(Print 4th Child's Name)

(Print Parent/Guardian Name)

(Date)

(Signature of Parent/Guardian)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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)

