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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 and this acknowledgement will be kept on record for the following mentioned patients:

(Print 1st Child's Name)

(Print 3rd Child's Name)

(Print 2nd Child's Name)

(Print 4th Child's Name)

Print _____ Parent/Guardian _____ Name: _____

Signature of Parent/Guardian: _____

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

