

# Rosedale Dental

## Acknowledgment of Receipt of Notice of Privacy Practices

**\*\*You May Refuse or Sign this Acknowledgment\*\***

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I, \_\_\_\_\_  
have read and received a copy of the Notice of Privacy Practice at Rosedale Dental.

\_\_\_\_\_  
Please Print Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Guardian (If patient under 18)

\_\_\_\_\_  
Print Guardian's Name (If parent under 18)

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### For Office Use Only

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We attempted to obtain written acknowledgment of receipt of our  
Notice of Privacy Practices, but acknowledgment could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment

\_\_\_\_\_ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_