



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

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

FOR ADOLESCENT PATIENTS

As the legal guardian of the patient _____, I have received a copy of Bodine Orthodontics' Notice of Privacy Practices for this office.

Print Name

Signature

Date

FOR ADULT PATIENTS

I have received a copy of Bodine Orthodontics' Notice of Privacy Practices for this office.

Print Name

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