



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.

Print Name: _____

Signature: _____

Date: _____

I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:

- Mother
- Father
- Other (Please Specify) _____

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

Boston at Copley Square
585 Boylston Street - Unit 2, Boston, MA 02116 | PH: 857.350.3400 | FX: 857.350.3401
Waltham at MGH West
40 Second Avenue - Suite 500, Waltham, MA 02451 | PH: 781.890.4900 | FX: 781.890.6094