

# Acknowledgement of Receipt of Notice of Privacy Practices

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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*DFW Implant Team*  
*Periodontal & Implant Assocs., P.A.*  
**ACKNOWLEDGEMENT OF RECEIPT FOR**

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

I, \_\_\_\_\_, have been offered a copy of this office's Notice of  
(Please Print Name)

Privacy Practices.

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

I do/do not (circle one) authorize you to leave messages on my answering machine or voice mail regarding appointments.

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**For Office Use Only**

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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)