## Patient Acknowledgment of Receipt of Notice of Privacy Practices

Please Print	
I,, hereby acknowled	dge that I have reviewed and received a copy
of this office's Notice of Privacy Practices explaining:	
■ How this office will use and disclose my protected health information.	
My privacy rights with regard to my protected health information.	
■ This office's obligations concerning the use and disclosure of my protected health infor	rmation.
I understand that the <i>Notice of Privacy Practices</i> may be revised from time to time and that I am <i>Notice of Privacy Practices</i> upon request.	n entitled to receive a copy of any revised
I also understand that if I have any questions or complaints, I may contact:	
Lori Schad	
520-327-5661 office frontdesk@dentalartsoftucson.com Tucson, AZ 85716	
Patient or Personal Representative  Signature:	Date:/
organical et al.	
Name:Please Print	
Relationship to Patient:	
For Office Use Only	
We made a good-faith effort to obtain an acknowledgment of	's
receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been acknowledgment of receipt for the following reasons (check all that apply):	unable to obtain a signed
☐ Patient refused to sign (date of refusal)/	
☐ Communications barriers prohibited obtaining an acknowledgment.	E.
☐ An emergency situation prevented us from obtaining an acknowledgment.	
□ Other	
Attempt was made by:	Date:/



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

