

BRIDGE CITY DENTAL
2427 Northgate St, Ottumwa IA, 52501 • 641-684-4889

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, (**print full name**) have read and received a copy of Bridge City Dental's Notice of Privacy Practices.

Signature

Date

If not signed by the patient, please indicate relationship to patient: _____

Name of Patient(s): _____

Information may also be released to:

Name:

Relationship

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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) _____