



ROSE DENTAL GROUP

**ACKNOWLEDGEMENT OF RECEIPT/REVIEW OF
NOTICE OF PRIVACY PRACTICES**

I, _____, have received/reviewed a copy of this office's
Notice of Privacy Practices.

Please Print Name

Signature

Date

For Rose Dental Group 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)

Name of office personnel: _____

**** It is your legal option to not sign this acknowledgement, however our policy states that if
we do not have this signed acknowledgement from you, we will not be able to provide you
with our services.****