



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received a copy of Chestnut Dental Associates' Notice of Privacy Practices and have had the opportunity to ask questions.

*** You May Refuse to Sign This Acknowledgment***

Please check your preferred means of communication:

- You may contact me at my home telephone number: _____
- You may contact me on my mobile telephone number: _____
- You may contact me on my work telephone number: _____
- You may send me an unencrypted email/text message at: _____
- Other _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians: [Examples include parent (if pr>18yo), spouse, step-parent, grandparent, caregiver, pediatrician,/primary care doctor, dental specialist, etc.]:

1. _____ Date added / Removed: _____
2. _____ Date added / Removed: _____
3. _____ Date added / Removed: _____

I have received a copy of Chestnut Dental Associates' Notice of Privacy Practices.

Print Name: _____ Patient Name: _____

Signature: _____ Date: _____

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) _____