

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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

I, acknowledge that I have received a copy of Dona W Prince DDS PC Notice of Privacy Practices.

\_\_\_\_\_  
Patient or legally authorized individual signature Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient Relationship (parent, legal guardian, personal Representative, etc.)

I authorize and agree that Dona W Prince DDS PC may disclose my protected health information to the following persons, each of who is directly involved in my care:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

I acknowledge and agree that Dona W Prince DDS PC may disclose my protected health information to the persons set forth in this form unless and until I object to such disclosures, which must be provided in writing to Dona W Prince DDS PC.

\_\_\_\_\_  
Patient or legally authorized individual signature Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient Relationship (parent, legal guardian, personal Representative, etc.)

.....  
**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 (please specify):

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_