

Acknowledgement of Receipt of Notice of Privacy Practices

Chicago Prosthodontics

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

Right to Revoke:

I have the right at any time to revoke this Acknowledgement for any reason. I have the right to sign this portion at a later time/date of my choice to revoke my Acknowledgment.

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) _____