

Packard Family Orthodontics

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

** You May Refuse to Sign This Acknowledgement **

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

(Parent's name if minor or Patient's if adult)

Please Print Patient Name

Signature of Parent or Patient if Adult

Date

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| 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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)