

**Packard Family Orthodontics**

**ACKNOWLEDGEMENT OF RECEIPT OF**

**NOTICE OF PRIVACY PRACTICES**

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

I, [REDACTED] 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

[REDACTED]  
Signature of Parent or Patient if Adult

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