

First: _____
Last: _____

THE PRACTICE OF: GENTLE TOUCH FAMILY DENTISTRY

Acknowledgement of this Practices Privacy Notice

I acknowledge that I have received, and/or reviewed the notice of the Privacy Practices of this office. I am aware that I may receive a paper copy of this notice if I request it. In addition, I acknowledge that this notice of the Privacy Practices is posted in the office where I can review it if desired.

Patient or Parent if Patient is under 18 years of age: _____

Date: _____

DOCUMENT OF “GOOD FAITH EFFORT”

Patient Name: _____ **Date:** _____

The patient presented for treatment on this date, and was provided the Practices Privacy Notice. A Good Faith was made to obtain written acknowledgement of receipt. A written acknowledgement was not obtained because:

Patient refused to sign, with the reason

Patient is unable to sign due to

There was a medical emergency preventing timely signature, and an attempt will be made to obtain acknowledgement later.

Other