



Newport Beach Dental Associates

SECTION A: The Patient.

Name: _____

Address: _____

Telephone: _____ **E-mail:** _____

Patient Number: _____ **Social Security Number:** _____

SECTION B: Acknowledgment of Receipt of Privacy Notice.

I, acknowledge that I have received a Notice of Privacy Practices from the above-named practice

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative' Name _____

Relationship to Individual: _____

SECTION C: Good faith Effort to Obtain Acknowledgement of Receipt.

Describe your good faith effort to obtain the individual's signature on sign this form: _____

Describe the reason why the individual would not sign this form: _____

SIGNATURE

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

Include this acknowledgement of receipt in the individual's records.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE