



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of the Bell Dental Associates NOTICE OF PRIVACY PRACTICES. I have been given the opportunity to ask any questions I may have regarding this Notice. (Effective Date: June 1, 2013.)

Please Print Name

Signature

Date

If you are the personal representative of the person listed above, please check off the basis for your authority:

- Parent of Minor
- Guardianship Order (attach copy)
- Power of Attorney (attach copy)
- Other: _____

Additional Witness Signature for Verbal Consent and Mark: _____

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 acknowledgement
- Other (Please Specify) _____