

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

Kenneth J. Yost, DMD,PA

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

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

I, _____ (Guarantee) and _____ (Spouse)
have received a copy of this office's Notice of Privacy Practices. **Children over 18years also
must individually sign below on lines for minor children and print name.**

(Please Print and Sign Name on appropriate lines)

{Date}

Names of Minor Children Covered by Acknowledgement

1) _____

2) _____

3) _____

4) _____

5) _____

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

This must be completed and returned to the office immediately. Thank you.