



Dolby Family Dentistry

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have reviewed
Patient Name

Dolby Family Dentistry Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient

Date

Dolby Family Dentistry was unable to obtain acknowledgement because:

- Emergency
- Patient Sedated
- Patient Refused - Reason _____
- Other _____
- Patient Non-Responsive
- Patient Confused/Disoriented

Staff Signature

Date