



ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES

— You may refuse to sign this acknowledgement. —

I have received a copy of this office's Notice of Privacy Practices.

PLEASE PRINT NAME

SIGNATURE

DATE

I give permission to Pasadena Family Dentistry to communicate electronically via encrypted email and/or text _____ (initials)

• FOR OFFICE USE ONLY •

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- INDIVIDUAL REFUSED TO SIGN ACKNOWLEDGEMENT.
- COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT.
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT.
- OTHER (PLEASE SPECIFY)

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