

Smileline Dental & Orthodontics

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, _____, have read and received a copy of the
Smileline Notice of Privacy Practices.

(Print Name)

(Patient/Guardian Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledge of receipt for our Notice of Privacy Practices, but
acknowledge could not be obtain because:

- Individuals refuse to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

