

**BREMEN FAMILY DENTISTRY, P.C.**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgment\*\***

I hereby acknowledge that I have been given a copy of this office's Notice of Privacy Practices for my review.

Date: \_\_\_\_\_

Written Signature: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

This signature is valid for the following family members:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**For Office Use Only**

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify)

\_\_\_\_\_  
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