

## Bhat Dental Associates, LLC

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You may refuse to sign this acknowledgment" **HOWEVER OFFICE WILL NOT SUBMIT CLAIMS ON YOUR BEHALF, PAYMENT IS DUE IN FULL, CLAIM CAN BE PROVIDED.**

1. \_\_\_\_\_

Sign above if you are the PATIENT

2. \_\_\_\_\_

Sign above if you are the parent or guardian of the child under 18.....

3. \_\_\_\_\_

Please Print Patients Name

4. \_\_\_\_\_

Signature of patient or guardian & Date

### **For office use only**

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

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment

\_\_\_\_\_ An emergency situation prevented us from obtaining the acknowledgment

\_\_\_\_\_ Other (Please Specify)