

**SA FAMILY DENTIST**  
**(SNA DENTAL PC)**

**ACKNOWLEDGEMENT of REVIEW of  
NOTICE of PRIVACY PRACTICES**

I have reviewed this office's Notice of Privacy Practices, which explains how my dental information will be used and disclosed.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

form 01/11