



DAVIE FAMILY DENTAL

GENERAL & COSMETIC DENTISTRY

4745 SW 148th Avenue, Suite 303, Davie, FL 33330

PRIVACY NOTICE ACKNOWLEDGEMENT

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

I acknowledge that I was provided a copy and/or reviewed the Notice of Privacy Practices.

(Print Patient Name) (Patient or Authorized Representative's Signature) (Date)

If you are the legal representative of the patient, please describe your authority:

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement