



## **American Dental Associates**

7500 Iron Bar Lane  
Gainesville, Virginia 20155  
[www.AmericanDental-Va.com](http://www.AmericanDental-Va.com)

---

# **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

---

\*You May Refuse To Sign This Acknowledgement

I, \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[ ] I hereby appoint the following individual(s) to discuss my treatment and/or financial details of care rendered:

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify) \_\_\_\_\_