

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I have received a copy of the Northwest Family Dental Notice of Privacy Practices. I understand that Northwest Family Dental has the right to change their Notice of Privacy Practices at any time and that I may contact Northwest Family Dental to obtain a current copy of the Notice of Privacy Practices.

Patient Name (print)

Signature of patient Or legal representative

Relationship to patient

Date

For Office Use Only

Please Print

I have attempted to obtain the patient's signature on this form, but was not able to for the following reasons:

Date:

Initials: