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## TIMBER CREEK DENTAL & ORTHODONTICS

### ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices. (Print patient's name)

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{Please Print Patient Name}

\_\_\_\_\_  
{Patient/Guardian Signature}

\_\_\_\_\_  
{Date}

***Authorized to receive the information: (IMPORTANT –names must be listed to receive information)***

Name or specifically identify the persons and/or organizations, which this authorization will allow to receive and use the protected health information described above. **(Spouse, children, parent, etc. who is allowed to have access to this information.)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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