

**GREEN OAKS DENTAL**

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**Acknowledgement of Receipt  
of Notice of Privacy Practices**

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Patient Name & Address:

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I have received a copy of the Notice of Privacy Practices for Green Oaks Dental.

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Signature

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Date

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**Office Use Only**

**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices  
Because:**

- An emergency existed & a signature was not possible at the time.
- The individual refuse to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason: \_\_\_\_\_
- Other: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_