



MICHAEL FERNANDEZ

FAMILY DENTISTRY

a Division of Atlantic Dental Care, PLC

Acknowledgement of Receipt of Notice of Privacy Practices

*** You May Refuse to Sign This Acknowledgment***

I have received or been offered a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

I have received a copy of this office's Notice of Privacy Practices and I am refusing to sign for the following reasons:

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)

Witness Name: _____ Date: _____

Witness Name: _____ Date: _____