



I, _____, have received, read, and understand Bear Family Dentistry Notice of Privacy Practices prior to treatment. I acknowledge I have been given the opportunity to ask questions about the Privacy Practices presented to me today and that these are acceptable to me until which time I submit, in writing, they are not.

I understand I have the right to refuse to sign this acknowledgement.

Patient/Guardian: _____

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 barrier prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other, please specify: _____

