



## Acknowledgement of Receipt of Notice of Privacy Practices

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**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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*You May Refuse to Sign This Acknowledgement*

I, \_\_\_\_\_, have received a copy of this office's  
Name of Patient or Responsible Party Notice of Privacy Practices.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

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### For Office Use Only

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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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SMILESbyBMO.COM

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