



# Comprehensive Family & Cosmetic Dentistry

Ed de la Paz, D.M.D.

You may refuse to sign this acknowledgment.

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for (insert practice name) this \_\_\_ day of \_\_\_\_\_, 20\_\_\_. A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Please sign your name

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority \_\_\_\_\_.

Thank you and if you have any questions about this form or the attached Notice, please contact our Privacy Official, Dr. Ed de la Paz.

## Office Use Only

As Privacy Official, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment \_\_\_\_\_
- I could not communicate with the patient \_\_\_\_\_
- The patient refused to sign \_\_\_\_\_
- The patient was unable to sign \_\_\_\_\_
- because (please describe) \_\_\_\_\_

\_\_\_\_\_  
Signature of privacy official