

Mt. Kisco Pediatric Dentistry
Loan S Mao, DDS PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You may choose to refuse to sign this acknowledgement

I, _____, parent/guardian of _____
Print Name of Parent/Guardian Patient Name

have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Relationship to Patient

Date

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 barriers prohibited us from obtaining acknowledgement
- ☐ An emergency situation prohibited us from obtaining acknowledgement
- ☐ Other (specify): _____

Staff Signature