

Appendix 2.3.2

Patient Acknowledgement of Receipt of Notice of Privacy Practices

**Allegan Family Dentistry P.C.
Dr. Evan A. Be, D.D.S.**

** You May Refuse to Sign This Acknowledgment**

I have been given the option to read a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)