

**ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Pierson & Saunders Orthodontics Notice of Privacy Practices effective 04/11/2017

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of Pierson & Saunders Orthodontics Notice of Privacy Practices effective 04/11/2017

Name (please print): \_\_\_\_\_

Relationship to Patient:       Parent                       Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective 04/11/2017 given to individual on \_\_\_\_\_ (date)

In Person     Mailing     Email     Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In person conversation \_\_\_\_\_
- Telephone contact \_\_\_\_\_
- Mailing \_\_\_\_\_
- Email \_\_\_\_\_
- Other \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_