

Michael D. Jones, DDS PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

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

I understand that due to the architecture of this dental office, (open bay treatment area) my child's treatment and dental conditions will be discussed with other patients and parents in the treatment area. If I wish for a more private consultation I will ask Dr. Jones and his staff for a more private room before each and every appointment.

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

