

**Acknowledgement of Receipt of Notice of Privacy Practices/Hipaa Privacy**

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or document our good faith effort to obtain that acknowledgement.

**Cosmetic and Family Dentistry of North Texas  
8090 Precinct Line Road, Suite 100  
Colleyville, Texas 76034  
871-428-8700**

\* You May Refuse to Sign This Acknowledgment\*

I have had the opportunity to thoroughly review the notice of Privacy Practices and may request a copy if preferred. The notice of Privacy Practices for our office is provided in our office and on the website at [www.dfwdentist.com](http://www.dfwdentist.com). Cosmetic and Family Dentistry reserve the right to change the Privacy Practices that are described in the notice. I may obtain a revised copy by accessing the website, by mail or in person by request.

Print Name: \_\_\_\_\_

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

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

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**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)

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