

# Acknowledgment of Receipt of Notice of Privacy Practices

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## Commonwealth Pediatric Dentistry a division of Central Virginia Dental Care, PLC

I have received a copy of this office's Notice of Privacy Practices. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name \_\_\_\_\_  
LAST FIRST MI

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

List all children seen by our practice \_\_\_\_\_

\_\_\_\_\_

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### Do Not Write Below – For Office Use Only

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited us from obtaining the acknowledgment
- Emergency situation prevented us from obtaining the acknowledgment