

# Acknowledgement of Receipt of Notice of Privacy Practices

## Booth Orthodontics

\* You May Refuse to Sign This Acknowledgment\*

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

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

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

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

### **Right to Revoke:**

I have the right at any time to revoke this Acknowledgement for any reason.

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

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

### **E-mail Statement and Acknowledgment:**

It is our office's goal to keep your information confidential and secure. Being that most E-mail systems are unencrypted, there are inherent risks with E-mail (e.g. interception, alteration). If you understand the risks associated with E-mail and would still like to be communicated with in that way, please acknowledge below.

\_\_\_\_\_  
(Initial)

### **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)