

Palm Family Dental

26789 Woodward Avenue, Suite 201 | Huntington Woods, MI 48070 | (248) 398-6046

ACKNOWLEDGEMENT OF RECEIPT OF THIS PRACTICE'S PRIVACY NOTICE

I acknowledge that I received and/or reviewed the notice of the Privacy Practices of this office. I am aware that I may receive a paper copy of this notice if I request it. In addition, I acknowledge that this notice of the practice's Privacy Practices is posted in the office where I can review it if desired.

Print Patient's name

Signature of Patient, parent or parent's representative

Date

(If patient representative signs, please describe relationship to patient)

For office use only

DOCUMENT OF "GOOD FAITH EFFORT"

Patient's Name: _____ Date: _____

The patient presented for treatment on this date, and was provided the Practice's Privacy Notice. A good faith effort was made to obtain written acknowledgement of receipt. A written acknowledgement was not obtained because:

_____ Patient refuse to sign, with the reason _____

_____ Patient is unable to sign due to _____

_____ There was a medical emergency preventing timely signature, and an attempt will be made to obtain acknowledgement later.

_____ Other: _____

Signature of employee completing this form.