

ANNE G. BANTA DDS, INC.

**Notice of Privacy Practices Acknowledgement of
Receipt Form**

Patient Name: _____ Date of Birth: _____
(Please Print)

Parent / Personal Representative _____
(If Applicable): (Please Print)

I hereby acknowledge I have received a copy of the Notice of Privacy Practices for ANNE G. BANTA DDS, INC.

Patient signature: _____ Today's date: _____
-OR-

Parent / Personal Rep. signature: _____ Today's date: _____

**TO BE COMPLETED BY OFFICE IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT
FROM THE PATIENT.**

On _____, I made a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable to do so because of the following reason(s):

- Patient (or personal representative) declined to sign the Written Acknowledgement Form.
- Patient (or personal representative) did not understand the request to sign the Written Acknowledgement Form.
- Other (specify) _____

Employee signature: _____ Date: _____

Employee job title: _____