



**RITSCO**  
 PROSTHODONTICS  
 Advanced Dentistry

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have read and understand this office's Notice of Privacy Practices.  
Print Name

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

**NOTICE:** If there are any individuals that we are authorized to share your health information with please list below and their affiliation to you.

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

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### For Office Use Only

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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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