



Acknowledgement of Receipt of Notice of Privacy Practices for Franklin Orthodontics, PLLC

You may refuse to sign this agreement

I have received and reviewed a copy of this office's privacy, security and breach notification policies and procedures.

Print Name (Patient): _____

Print Name (Parent/Guardian, if applicable): _____

Signature : _____

Date: _____

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)