

# Acknowledgement of Receipt of Notice of Privacy Practices

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*Diplomate, American Board of Pediatric Dentistry*

I have received a copy of this office's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name \_\_\_\_\_  
LAST FIRST MI

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

List all children seen by our practice \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other person (or persons) that we may discuss treatment, recommendations, and or billing matters: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Do Not Write Below— 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.
- Communication barriers prohibited us from obtaining the acknowledgement
- Emergency situation prevented us from obtaining the acknowledgement
- Other (Specify below) \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_