



Treasure Valley DENTAL CARE

Treasure Valley Dental Care
Notice of privacy Practices
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
You May Refuse to Sign This Acknowledgement

I, _____, have read
Treasure Valley Dental Notice of privacy Practices.

Please check one of the following:

- I have been provided with a copy of the Treasure Valley Dental Notice of Privacy Practices and I have chosen to retain a written copy.
- I have been provided with a copy of the Treasure Valley Dental Notice of Privacy Practices and I have chosen **NOT** to retain a written copy.

Patient Signature _____

Date: ____/____/____

Patient's Representative's Signature _____

Date: ____/____/____

Relationship to patient _____

For Office Use Only

As privacy officer, I attempted to obtain the (____patient's) (____representative's) signature on this acknowledgement.

- Patient signed
- Patient's representative signed
- Patient refused to sign
- Patient's representative refused to sign
- I could not communicate with the patient
- I could not communicate with the patient's representative
- It was emergency treatment
- Other (Please Specify)

Privacy officer's signature _____ Date: _____

_____/_____/_____