

**Chandler Dental Partners, P.C.**  
**Acknowledgement of Receipt of Notice of Privacy Practices**

“You may refuse to sign this Acknowledgement.”

**I have received a copy of this office’s Notice of Privacy Practices.**

**Patient Name:** \_\_\_\_\_

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

I give Chandler Dental Partners permission to discuss TREATMENT and/or FINANCIAL MATTERS with the following people:

Print Name: \_\_\_\_\_ **Treatment Financial Both**

Print Name: \_\_\_\_\_ **Treatment Financial Both**

Print Name: \_\_\_\_\_ **Treatment Financial Both**

**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 obtaining the acknowledgement
- \_\_\_\_\_ An Emergency situation prevented us from obtaining acknowledgement
- \_\_\_\_\_ Other(please specify)

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