

# Mark Arooni DDS

## Notice of Privacy Practices

\* You May Refuse to Sign This Acknowledgement\*

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

I, \_\_\_\_\_, have received a copy of this Office's 'Notice of Privacy Practices'.

\_\_\_\_\_  
Please Print Patients Name

\_\_\_\_\_  
Please Print Your Name if Patient is a Minor

\_\_\_\_\_  
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) \_\_\_\_\_