



SMILES
ON ELSTON

**ACKNOWLEDGEMENT OF RECEIPT OF
SMILES ON ELSTON NOTICE OF PRIVACY PRACTICES**

(YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT)

I, _____, have received a copy of the Smiles on Elston Notice of Privacy Practices.

Signature _____ Date _____

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name _____ Relationship to Patient _____

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) _____

