Acknowledgement of Receipt
Notice of Privacy Practices
Morton Grove Dental Associates

* You May Refuse to Sign This Acknowledgment*

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

Print Name:_____Date:_____

Signature:_____

Right to Revoke:

——— SIGN THIS PORTION AT A LATER TIME/DATE ——

I have the right at any time to revoke this Acknowledgement for any reason. I have the right to sign this portion **at a later time/date** of my choice to revoke my Acknowledgment.

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)_____