



PFLUGERVILLE
ORTHODONTICS

**Acknowledgement of Receipt
Of
Notice of Privacy Practices**

I, _____ have reviewed a copy of

Pflugerville Orthodontics, PA, Notice of Privacy Practices

Printed Name of Patient

Signature of Patient or Personal Representative

Date

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgement of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reasons:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other _____