



Young Smiles Pediatric Dentistry & Spa
"Kids Love Us, Parents Enjoy Us"

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

"You May Refuse To Sign This Acknowledgement"

I, _____, have received a copy of this office Notice of Privacy Practices.
Print Parent/Legal Guardian Name

Note: This office has Notice of Privacy Practices available upon request. Feel free to ask for your copy.

Please Print Legal Guardian Name

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
- _____ Other (Please Specify)

