

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

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You may refuse to sign this acknowledgement

I, \_\_\_\_\_, acknowledge that I have received a copy of Rio Rancho Family Dental Care's Notice of Privacy Practices.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Official Use Only

We attempted to obtain written acknowledgment of receipt of our Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment