

Gabrie Dental Center
212 S Atlantic Blvd Suite # 103
East Los Angeles, CA 90022
(323) 722-6600

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

Date: _____

You have the right to refuse to sign this Acknowledgement

I, _____, have
(Signature of Patient)

Received a copy of this office's NOTICE OF PRIVACY PRACTICES as required by Federal law.

Print Patient's Name

Patient's Signature

FOR OFFICE USE ONLY

On the date above we made a "good faith effort" to obtain written acknowledgment of receipt of our NOTICE OF PRIVACY PRACTICES. We were unable to obtain acknowledgement for the following reason:

Patient refused to sign

Other _____
(Possible reason: Language difficulty, communication barrier, dental emergency)

(Print Name)

(Signature of employee attempting to gain acknowledgement)