

**Cold Spring Family Dentistry**

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

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- You May Refuse to Sign This Acknowledgement

\_\_\_\_\_ have received a copy of this Office's  
Notice of Privacy Practices.

\_\_\_\_\_  
Please Print 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.

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement.

\_\_\_\_\_ Other (Please Specify)

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