ACKNOWLEDGEMENT OF RECEIPT OF GIVE KIDS A SMILE® NOTICE OF PRIVACY PRACTICES

**You May Refuse to Sign This Acknowledgement**

I, ________________________________, have received a copy of the Give Kids a Smile® Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative’s name______________________________________________

Relationship to Patient_____________________________________________________

For Program 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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