

Acknowledgement of Receipt of Notice of Privacy Practices

Frisco Mini Molars

I have received a copy of this office's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name _____
LAST FIRST MI

Your signature _____

Today's Date _____

List all children seen by our practice _____

Please list any other person (or persons) that we may discuss treatment, recommendations, and or billing matters: _____

Do Not Write Below—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: