



**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

\*You may refuse to sign this acknowledgment\*  
If you wish to review our privacy policy, please request a copy at your appointment

I, (name) \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

I give the team at Wellness BioDentistry permission to discuss my **dental treatment** with the following people:

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I give the team at Wellness BioDentistry permission to discuss **financial arrangements** with the following people:

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Name of minor child, if applicable (please print):

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained for the following reason:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (please specify)

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