



**Downtown Family Dental of Baraboo  
Acknowledgement of Receipt of Privacy Practices Notice**

**Patient Information.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Acknowledgement of Receipt of Privacy Practices Notice.**

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices from Downtown Family Dental.

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

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**Good Faith Effort to Obtain Acknowledgement of Receipt.**

Describe your good faith effort to obtain the individual's signature: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the reason(s) why the individual would not sign this form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, attest that the above information is correct.

Ryan Keith, Office Manager