



Comal Hills Dental

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have reviewed
Patient Name

Comal Hills Dental Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient

Date

Comal Hills Dental was unable to obtain acknowledgement because:

- Emergency
- Patient Sedated
- Patient Non-Responsive
- Patient Confused / Disoriented
- Patient Refused - Reason _____
- Other _____

Staff Signature

Date