

# Acknowledgement of Receipt of Notice of Privacy Practices

## **\*\*You May Refuse to Sign this Acknowledgement\*\***

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **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 (check one):

- 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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## **Consent for Treatment of Minor Children**

I give my permission for \_\_\_\_\_ to be given routine and emergency treatment by the staff of Ammar F. Farra D.M.D., PC. Should another family member or friend accompany my child, or should my child come alone (for older children), treatment may be given in my absence. I understand that this treatment may include (but not limited to) the use of radiographs (x-ray images) and Fluoride applications as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date