

**HARDER DENTAL CORPORATION
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE
AND DENTAL MATERIALS FACTS SHEET**

Section A: The Patient

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Section B: Acknowledgment of receipt of Privacy Practices Notice and Dental Material Facts Sheet

I, _____, acknowledge that I have received a Notice of Privacy Practices and Dental Material Facts from the above named practice.

Signature: _____ **Date:** _____

If a Parent, Guardian or personal representative signs this authorization on behalf of the individual, complete the following:

Representative Name: _____ **Date:** _____

Relationship to Individual: _____

Section C: Good Faith Effort to Obtain Acknowledgement of Receipt

Describe your good faith effort to obtain the individual's signature on this form:

Describe the reason why the individual would not sign the form:

I attest that the above information is correct

Signature: _____ **Date:** _____