

# Acknowledgement of Receipt of Notice of Privacy Practices

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Frisco Mini Molars

I have received a copy of this office's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this Notice and provide it to my parent or guardian.

Please Print Your Name \_\_\_\_\_  
LAST FIRST MI

Your signature \_\_\_\_\_

Today's Date \_\_\_\_\_

List all children seen by our practice \_\_\_\_\_

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

Please list any other person (or persons) that we may discuss treatment, recommendations, and or billing matters: \_\_\_\_\_

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

## Do Not Write Below—For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: