



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

As required by the Privacy Regulations, I hereby acknowledge that a current copy of The Dental Shoppe’s “NOTICE OF PRIVACY PRACTICES AND THE RED FLAG RULE” has been made available to me and has been explained to me to my satisfaction.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

I understand that this office may change their Notice of Privacy Practices and is not required to honor the terms of the original/previous versions.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

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**FOR OFFICE USE ONLY**

**Signed form received by:**

\_\_\_\_\_

**Good faith effort to obtain receipt: (describe)**

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