



**STAR**  
ORTHODONTICS  
*Steven Dickens, DDS, MS, PA*

### Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

\_\_\_\_\_

- Other: \_\_\_\_\_

\_\_\_\_\_

Prepared by (staff) \_\_\_\_\_

Signature of (staff) \_\_\_\_\_

Date \_\_\_\_\_