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## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES AND NON-DISCRIMINATION NOTICE

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

Additional Patients in same Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* You May Refuse to Sign This Acknowledgement\**

I, \_\_\_\_\_, have been offered a copy of this office's Notice of Privacy Practices and Non-Discrimination Notice. I understand I have access to both notices online at [snugdental.com](http://snugdental.com)

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

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

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (please specify) \_\_\_\_\_