

JAMES E. ROBSON, D.D.S.  
FAMILY, COSMETIC AND IMPLANT DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“You may refuse to Sign this Acknowledgement”

I, \_\_\_\_\_, have received a copy of this office’s  
Notice of Privacy Practices.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Minor Child: \_\_\_\_\_ Minor Child: \_\_\_\_\_

Minor Child: \_\_\_\_\_ Minor Child: \_\_\_\_\_

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,  
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) \_\_\_\_\_