

Vo Dentistry
Georgia Orthodontic Care
1605 Buford Dr
Lawrenceville, Georgia 30043
Office (678) 985-8087 Fax (678) 985-8297

Acknowledgment of Receipt of Notice of Privacy Practices

Patient name: _____ **Date of birth:** _____

I have received either a paper or an electronic copy of the Notice of Privacy Practices for Vo Dentistry / Georgia Orthodontic Care. I understand that I am entitled to receive a paper copy of the Notice if I ask for it, even if I have already agreed to receive only an electronic copy.

X _____ **Date signed:** _____

Signature of patient's personal representative

Representative's relationship to patient: _____

Representative's name: _____ Phone: _____

Representative's address: _____

For office use only:

Please complete the following only if the acknowledgment section above has not been signed by the patient's personal representative: We made a good faith effort to obtain a written Acknowledgment of Receipt of Notice of Privacy Practices, but an acknowledgment could not be obtained because (please check one or more as appropriate):

- The patient's personal representative refused to sign.
- A communication barrier prevented us from obtaining an acknowledgment.
- An emergency situation prevented us from obtaining an acknowledgment.
- Other (please explain) _____

Completed by: _____ Position: _____

Staff member's initials: _____ Date completed: _____