
ACKNOWLEDGEMENT Of Receipt Of Notice Of Privacy Practices

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

1. _____ has received a copy of this office's Notice of Privacy Practices.
{Please Print Patient's Name}

2. _____
{Signature} (if patient is a minor, guardian's signature)

3. _____
{Date}

If signing for a minor, please print minor's name on line one above and state your relationship to that minor after your signature on line 2.

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)
