

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

**I verify by my signature that I have received notice of the Privacy Policy of STERLING FAMILY DENTISTRY, P.C.—This notice of the office’s privacy policy and my rights regarding my health information is posted in the office and I understand I may have a copy if I request it.**

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

**Relationship to patient :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

**I attempted to obtain the patient’s signature in acknowledgement of this Notice of Privacy Practices, but was unable to do so as documented below:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Initials:**

\_\_\_\_\_  
**Reason:**