

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
&
OFFICE APPOINTMENT CANCELLATION POLICY**

You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices, and I have read this office's cancellation policy outlined below.

Print name

Signature

Date

For Office Use Only

We attempted to obtain in written acknowledgement a receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining the acknowledgement

_____ Other (please specify) _____

OFFICE CANCELLATION POLICY

If you need to cancel your dental appointment, please notify our office at least 24 hours prior to our appointment. After a missed appointment, you are subject to a \$50.00 cancellation charge, if you fail to notify our office.

THANK YOU – WE APPRECIATE YOUR COOPERATION