



*Pinnacle  
Dental  
Group*

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
(Please Print Name)

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

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

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

### HOW WERE YOU REFERRED TO OUR OFFICE ?

An existing patient \_\_\_\_\_ (name)

Sign on Building \_\_\_\_\_

Yellow Pages \_\_\_\_\_

Blue Cross Blue Shield \_\_\_\_\_

Website \_\_\_\_\_