

Glauser Family Dentistry

---

ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

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

I, \_\_\_\_\_, have received a copy of this office's  
Notice of Privacy Practices.

(Please Print Name)

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

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

Glauser Family Dentistry has permission to share my dental health information with:

Glauser Family Dentistry has permission to share my dental health information and  
dental insurance with any referral offices.

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

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

---

**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)
- 
-