



Patrick C. Creevan, D.D.S., Inc.
Pediatric Dentistry

**Acknowledgement of Receipt of
Notice of Privacy Practices**

* You May Refuse to Sign This Acknowledgment*

I, _____, have received a copy of
Patrick C. Creevan, D.D.S., Pediatric Dentistry, Office Notice of Privacy Practices.

Signature _____

Date _____

Relationship to Patient _____

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: Patient/Representative Initial _____ Staff Initial _____
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
