

**Rocktown Family Dental Care  
1971 Evelyn Byrd Ave Suite F  
Harrisonburg, VA 22801**

**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.

\_\_\_\_\_  
Patient’s Name *Please Print*

\_\_\_\_\_  
Signature of Patient (Parent or Guardian if Child)

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

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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
- ( ) Communication barriers prohibited obtaining the acknowledgement
- ( ) An emergency situation prevented us from obtaining acknowledgement
- ( ) Other (Please Specify)

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