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PRIVACY POLICY ACKNOWLEDGEMENT

You May Refuse to Sign This Acknowledgment

Patient's Name:

I _____, have been informed of this office's Notice of Privacy Practices and I am aware that here is a copy clearly posted in the reception area.

Patient I have elected to:

Take a copy of the Notice of Privacy Practices for my own records

Not take a copy of the Notice of Privacy Practices for my own records

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices. But acknowledgment could not be obtained because:

Individual refused to sign and take copy of our Notice of Privacy Practices

Communications barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other (Please Specify)