

**Health Artistry Integrity, Inc.  
James B. Polley, DDS**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of this Dental Practice's **Notice of Privacy Practices**.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Print Name of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent     Guardian     Power of Attorney     Other: \_\_\_\_\_

\_\_\_\_\_  
Dental Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

An emergency prevented us from obtaining acknowledgement

A communication barrier prevented us from obtaining acknowledgement.

Other: \_\_\_\_\_

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_