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**AMY F. TEMPLE D.D.S, P.A.**

**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.  
{Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

With whom may we discuss your treatment: \_\_\_\_\_

With whom may we discuss your payment: \_\_\_\_\_

I understand that I have the right to request restrictions concerning the use of my information. I request the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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) \_\_\_\_\_

