

TruCare Dental

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of TruCare Dentals'
(Patient)

Notice of Privacy Practices:

Name (Please Print)

(Signature)

(Date)

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:

1. Patient refused to sign. _____
2. Communication barriers prohibited obtaining acknowledgement. _____
3. An emergency situation prevented us from obtaining acknowledgement. _____
4. Other (Please specify). _____

