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ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

HARNICK ORTHODONTICS

Practice Name _____

Patient Name - _____

Parent Name (if applicable) - _____

Address: _____

Phone: _____

I have (received / declined) a copy of the Notice of Privacy Practices for the above named practice.

Patient/Parent Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for signature by return mail.
- Unable to communicate with the patient for the following reason: