



**Tinsworth Orthodontics**

*Creating a Bright Future... One Smile at a Time*

## **Acknowledgement of Receipt of “Notice of Privacy Practices”**

**for the Practice of**

**Dr. Steven Tinsworth**

1500 59<sup>th</sup> St. W., Bradenton, FL 34209-4652, (941) 792-1533

### **Patient Acknowledgement**

“You Have the Right to Refuse to Sign this Acknowledgement”

Please sign this form below to acknowledge that you have *today* received a copy of the “Notice of Privacy Practices”.

**I acknowledge that I have *today* received a copy of the “Notice of Privacy Practices”.**

\_\_\_\_\_  
Parent/Patient Signature

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

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### **For Office Use Only**

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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) \_\_\_\_\_
- 

\_\_\_\_\_  
Office Personnel Signature

\_\_\_\_\_  
Office Personnel Name (please print)

\_\_\_\_\_  
Date