



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

**\*You may refuse to sign this acknowledgement\***

By entering your name, you acknowledge that you have been informed of Phelps & Cohen Orthodontics' Notice of Privacy Practices which is located on our website [www.pcortho.com](http://www.pcortho.com), under New Patients/Patient Forms. We may correspond with you via mail, email, text, and phone with the contact information you provide. Please notify the office if you choose to opt out of one of the communication methods or if your contact information changes. To refuse, enter REFUSED below.

I have been informed of Phelps & Cohen Orthodontics' Notice of Privacy Practices.

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

\_\_\_\_\_  
Patient or Parent/Legal Guardian 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:

- ☐ Individual refused to sign
  - ☐ Communication barriers prohibited obtaining the acknowledgement
  - ☐ An emergency situation prevented us for obtaining acknowledgement
  - ☐ Other (please specify)
- \_\_\_\_\_  
\_\_\_\_\_

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