



R.O.A.D.S.

COMMUNITY CARE CLINIC

Acknowledgment of Receipt of Notice of Privacy Practices and “The Facts about Fillings”

Reconocimiento de Recibo de Aviso de Practicas de Privacidad y “Los Hechos Sobre Rellenos”

By signing this form, you acknowledge receipt of the Notice of Privacy Practices and “The Facts about Fillings” from the ROADS Community Care Clinic.

I, _____ (or parent/legal guardian if patient is a minor), acknowledge I have received from this office:

1. Notice of Privacy Practices; and
2. A copy of “The Facts about Fillings.”

Firmando esta forma, usted reconoce la reception de la Notificacion de Practicas de Privacidad de ROADS Community Care Clinic.

Yo, _____ (*guardian si el paciente es menor de edad*), reconozco que he recibido de esta oficina:

1. *Notificacion de Practicas de Privacidad; y*
2. *Una copia de “Los Hechos Sobre Rellenos.”*

Patient Signature/*Firma de Paciente*

Date/*Fecha*

Witness Signature/*Firma de Testigo*

Date/*Fecha*

FOR OFFICE USE

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify): _____