

Please download and fill out all of the new patient forms and bring with you to your first appointment.

## Naples Family Dentist, INC.

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### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

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- You may refuse to sign this acknowledgement

First:                      Last:

I \_\_\_\_\_, (please fill in your full legal name) have been

(Print Name)

shown the Privacy Policy for this office and have been offered a copy of such policy to keep for my records

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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*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
- An Emergency situation prevented us from obtaining acknowledgement
- Communication barriers prohibited obtaining acknowledgement
- Other ( please specify ) \_\_\_\_\_