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Highland Creek Family Dental

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____ have received a copy of this office's Notice of Privacy Practices.

Patient's Name (Please Print) _____

Signature _____

Date _____

Name of person(s)/or entities who are allowed to inquire about patient treatment

Please circle:

OK to send text* reminders YES NO

OK to send email reminders YES NO

* standard text messaging rates apply

For Office Use Only

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**
- Communication barriers prohibited obtaining the acknowledgment**
- An emergency situation prevented us from obtaining acknowledgment**
- Other (Please Specify) _____**