



**MOUNTAIN VIEW DENTAL, PA**

**Acknowledgement of Receipt of Notice of Privacy Practices**

**\*You May Refuse to Sign This Acknowledgement\***

I have received a copy of Mountain View Dental's Notice of Privacy Practices effective 2/1/2026.

\_\_\_\_\_  
(Patient Name- Please 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
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
Received by: \_\_\_\_\_  
Staff