



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