



MICHAEL E. HUGUET, DDS  
AND ASSOCIATES  
PREVENTIVE, RESTORATIVE  
AND COSMETIC DENTISTRY

# Acknowledgment of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, acknowledge that I have received a copy of the  
Notice of Privacy Practices form Dr. Michael Huguet & Associates.

\_\_\_\_\_  
Please Print Name (Patient)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Relationship to Individual

## For Office Use Only

I acknowledge that I attempted to obtain from the above patient a  
writing acknowledgment of their receipt of our Notice of Privacy Practices  
but the acknowledgment could not be obtained because:

\_\_\_\_\_  
\_\_\_\_\_

I attest that the above information is correct.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date