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Lindsay and Magruder Orthodontics, PLLC

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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(Patient's Name - Please Print)

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
(Patient's or Responsible Party)

Please indicate your relationship to the patient:

- Parent
- Legal Guardian

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Signature

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Date

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notices 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)
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