

BLUE RIDGE FAMILY DENTISTRY
RICARDO B. SOLIS, D.D.S.
1931 Commonwealth Drive
Charlottesville, VA 22901
(434) 296-5250

Acknowledgement of receipt of Notice of Privacy Practices

I, _____ have been given the opportunity to review this office's Notice of Privacy Practices and understand that I may have a copy for my records, if I wish.

Signature of Patient (parent if a minor)

Date

.....
We attempted to obtain the above acknowledgement, however we were not able to do so for the reason indicated below:

- Refused to sign
- Prevented by communication barriers
- An emergency situation prevented the patient from signing
- Other _____

Signature of Staff member and Date