

**Crystal Lake Pediatric Dental  
Dr. Anthony Minutillo**

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

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\*You May Refuse to Sign This Acknowledgment\*

I have received/read a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent/Guardian)

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**For Office Use Only**

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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