



Aaron T. **Roan**, D.M.D.  
**& Associates**  
 Family & Cosmetic Dentistry

## ACKNOWLEDGEMENT Of Receipt Of Notice Of Privacy Practices

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**\*\*You May Refuse to Sign This Acknowledgement\*\***

(White Roan & Associates reserves the right to cancel the appointment if form is refused)

1. \_\_\_\_\_ has received a copy of this office's Notice of Privacy Practices.

{Please Print Patient's Name}

2. \_\_\_\_\_

{Signature} (if patient is a minor, guardian's signature)

3. \_\_\_\_\_

{Date}

If signing for a minor, please print minor's name on line one above and state your relationship to that minor after your signature on line 2.

### 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)