



Dr. Brad Rondeau D.D.S.  
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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\***

I, \_\_\_\_\_, or I, as the Legal Guardian/Patient Representative of the patient named  
\_\_\_\_\_, have received a copy of Grand River Dental's Notice of Privacy Practices.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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**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.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please specify)