

**Bridget McAnthony, D.D.S.**

Dentistry Dedicated to Children  
8429 Park Vista Blvd.  
Fort Worth, TX 76137

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**Acknowledgment of Receipt of Notice of Privacy Practices**

I have received a copy of Dr. Bridget McAnthony's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this notice and provide it to my parent or guardian.

\_\_\_\_\_  
Parent /Guardian (please print name)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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The parent/guardian was offered a copy of the **Notice of Privacy Practices**. An attempt was made to obtain a signature on this **Acknowledgment of Receipt** for this notice. It could not be obtained because:

- Individual refused to sign.
- Parent stated that a copy was previously signed for sibling.
- Emergency situation prevented obtaining acknowledgment.
- Other (please explain).

Received by: \_\_\_\_\_ Date \_\_\_\_\_

