

PERRY DENTAL

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

You may refuse to sign this Acknowledgment

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Print Name _____

Signature _____

Date _____

For Office Use Only

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**
- Communications barriers prohibited obtaining the acknowledgment**
- An emergency situation prevented us from obtaining acknowledgment**
- Other (please specify)**
