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## Acknowledgement of Receipt of Notice of Privacy Practices Garrisonville Dental

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**Patient Name & Address:**

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I have received a copy of the Notice of Privacy Practices.

<b>Signature</b>	<b>Date</b>

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**For Office Use Only**

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**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other:

Prepared by:	
Signature:	
Date:	

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