

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

Patient Name & Address:

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

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| | |
| Signature | Date |

For Office Use Only

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:

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- Other:

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| Prepared by: | |
| Signature: | |
| Date: | |