Susan C. White, DDS, PLLC

Acknowledgement of Receipt Of Notice of Privacy Practices

Patient Name: _____
Patient Address: _____

I have received a copy of the Notice of Privacy Practices for the above-named practice.

_____ _____
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: _____
- ❑ Other:_____ _____

Prepared By _____

Signature _____

Date _____