

Piedmont Dental Partners

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

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

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our
Notice of Privacy Practices, but acknowledgement could not be
obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the
acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other (Please Specify)