

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

318 Union Station Dr.

Seneca, SC 29678 864.885.1579

hollidayorthodonticspc.com

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

□ Communication barriers prohibited obtaining the acknowledgement

□ An emergency situation prevented us from obtaining acknowledgement

□ Other (Please Specify):____

©2002 American Dental Association, All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, distribution of this form by any other party requires the prior written approval of the American Dental Association.

This form is educational only, does not constitute legal advice and cover only federal, not state law. (August 14, 2002)