

James A. Richardson, DMD
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Acknowledgement of receipt of Notice of Privacy Practices
You may refuse to sign this Acknowledgement

I, _____ have received a copy of this office 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 acknowledgment 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)