
Brian L. Allen, D.D.S. PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have been notified of
the Privacy Policies that are followed in this office.

[Please Print Name]

[Signature]

[Date]

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices. Written 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)

