

Date _____

Acknowledgement Of Receipt Of Notice Of Privacy Practices

I, _____ have received a copy of

Susan Baker, D.D.S. Notice of Privacy Practices

(Signature of Patient)

Staff Will Fill Out This Section If Patient's signature Not Obtained

Our office made a good faith effort to obtain Acknowledement or Receipt of our Notice of Privacy Practices, but it could not be obtained for the following reason:

_____ Patient refused to sign.

_____ Emergency Situation kept us from obtaining patient's signature

_____ Language barriers kept us from obtaining a patient's signature

_____ Other _____