

Please Read

Please read the attached Notice of Privacy Practices. After you have reviewed it, please fill in and sign (or refuse to sign) this document. Return the Acknowledgement (this document) to the receptionist. You may keep the Notice of Privacy Practices or return it to the receptionist.

Dr David McIntyre, DDS
Acknowledgement of receipt 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

Please sign name

Date

For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____