Raymond G. Pate, DMD PA

Acknowledgement of Receipt of Notice of Privacy Practices

Patient's Name: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

_____ _____

Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- ☐ An emergency existed & a signature was not possible at the time.
- ☐ The individual refused to sign.
- ☐ A copy was mailed with a request for a signature by return mail.
- ☐ Unable to communicate with the patient for the following reason:

  _____

- ☐ Other: _____

  _____

Prepared By _____

Signature _____

Date _____