

PURPOSE: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

Sally C. Powell, DDS, LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I,	$_{\scriptscriptstyle -}$, have received a copy of this office's Notice of Privacy Practices.
Please Print Name	
Signature	
Date	
Is there anyone you give us permission to share your information with? $\hfill\square$	Yes 🔲 No
If yes, please add their name(s)	

For Office Use Only
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but 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)

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