

**Acknowledgement of Receipt
Of
Notice Of Privacy Practices**

I, _____ have read a copy of
(Please Print Name)

_____ **R. Renan Williams, D. D. S.** **Notice of Privacy Practices.**

My dental information may be shared with the following people:

(Signature of Patient or Parent if Minor)

(Date)

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

Our office made a good faith effort to obtain **Acknowledgement of 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 the patient's signature

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

_____ Other _____