

Gregory P. Gutsell & Darren M. Phipps, DDS, PA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You May Refuse to Sign This Acknowledgment* ***

I, _____ have received a copy of this office's Notice of Privacy Practices.
{Print name}

Please list any patients under 21 years of age;

{Signature}

{Date}

For Office Use Only

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other (please specify) _____