

TAMARA K. ABBETT, D.D.S., P.C.

ACKNOWLEDGEMENT OF RECEIPT OF
"NOTICE OF PRIVACY PRACTICES"

*** You May Refuse to Sign This Acknowledgement ***

I _____ (Patient's name) have received a copy of this office's
"Notice of Privacy Practices".

(If minor, Printed name of Parent or Guardian)

Relationship to Patient

Patient (or Parent/Guardian's) Signature

Date

*******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
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify):

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