

ALAN C. JOHNSON, D.D.S. & ASSOCIATES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

***** You May Refuse to Sign this Acknowledgement*****

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

Please Print Name

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):
