

Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT

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

Please PRINT Name

Signature

Date

For Office Use Only

We attempt to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained due to :

Individual refused to sign

An emergency situation prevented us from obtaining acknowledgement

Other – specify

You may refuse to Sign This Acknowledgement

Lake Crest Family Dentistry
2321 John Hawkins Pkwy, suite 221
Hoover, AL 35244
205-989-5889