

# OFFICE OF DEBORAH DIAZ MURPHY, D.D.S., P.A.

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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### FOR OFFICE USE ONLY

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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
  - Communications barrier prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_