

Joseph M. Perry, DDS. PA

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name & Address: _____

I have received or reviewed a copy of the Notice of Privacy Practices for the above named practice.

Signature _____ **Date** _____

Print Name _____ **Relationship to patient** _____

Please list below with whom we may discuss your information:

- _____ Appointment Diagnosis/Treatment Billing
_____ Appointment Diagnosis/Treatment Billing
_____ Appointment Diagnosis/Treatment Billing

Please list what phone numbers we may leave a message regarding appointment or billing information:

- _____ Home _____ Work _____ Cell
_____ Other _____

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

_____ Other: _____

Prepared By _____ Signature _____

Date _____