

Westerville Dental 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

**PLEASE NOTE:
THESE FORMS ARE REQUIRED BY THE
FEDERAL GOVERNMENT,
*not Westerville Dental Associates!***

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

4/10/2003