



Acknowledgement of Receipt of Notice of Privacy Practices

This form documents acknowledgement of receipt of the Notice of Privacy Practices or documents a good faith effort to obtain that acknowledgement.

Regarding the dental office of: **Traci C. Lennon, D.M.D.**

* You May Refuse to Sign This Acknowledgment*

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

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