

Susan M. King, D.M.D. and Associates, P.S.C.

**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)

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

