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**Fletcher, NC 28732**  
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**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

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Patient Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature Date

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**FOR OFFICE USE ONLY**

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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: \_\_\_\_\_