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General Dentistry

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

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

Signature of Patient/Guardian

Date

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 signature by return mail.
- Unable to communicate with patient for the following reason:
- Other:

Prepared By: _____

Signature: _____

Date: _____