
Chris Henson, D.D.S., P.A.

**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 (if applicable) FBO _____ - (relationship) _____.

(Signature)

(Date)

This section is optional

I give my consent for this office to release any information relating to my oral health/hygiene to:

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)