

From the practice of:

Mike C. Blankenship, D.D.S.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement, However, Refusal May
Disqualify You from Acceptance as a Patient in Our Practice****

I, _____, have received a copy of this office's
Notice of Privacy Practices. (please print)

{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)

Staff Inits: _____