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Acknowledgement of Receipt of Notice of Privacy Practices

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

The following person(s) have permission to access my medical, dental or billing
information. _____

Yes We may leave personal messages on your answering machine.

No We may not leave personal messages on your answering machine.

Date _____

Signature or signature of parent or guardian if patient is a minor:

You may refuse to sign this acknowledgement.

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:

- A. Individual refused to sign
- B. Communications barriers prohibited obtaining the acknowledgement
- C. An emergency situation prevented us from obtaining acknowledgement
- D. Other (please specify)