

Dr. Kevin Flood, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“You May Refuse to Sign This Acknowledgement”

I, _____, have been offered a copy of and understand my rights listed in this office’s Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

- Patient did not wish to have a copy of the Notice given to them.

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and 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)

