



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
Brenda Miller, DDS. APC

You may refuse to sign this acknowledgment of receipt

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

Please print your name _____

Signature _____

Date _____

For Office use only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, as required by law, but could not obtain acknowledgment of receipt because:

___ Individual refused to sign

___ Prohibited communication barriers to obtaining acknowledgment of receipt

___ An emergency situation prevented us from getting recognition

___ Other (please specify):

Witness _____ Date _____