

Acknowledgement of Receipt of Notice of Privacy Practices

Airport Family Dentistry
3901-C Edmund Highway
West Columbia, SC 29170

I have received a copy of this office’s Notice of Privacy Practices.

Name: _____

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)
