

MARYLIN M. COOPER, DDS

(NAME OF PRACTICE)

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

*** YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT ***

I, _____, HAVE RECEIVED A COPY OF
THIS OFFICE'S NOTICE OF PRIVACY PRACTICES.

PLEASE PRINT 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)

