



Deborah G. Anders, DDS, PA

Adult & Family Dentistry

Comfortable. Compassionate. Care.

Deborah G. Anders DDS, PA

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 Practice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

I would like the following people to have complete access to my medical records and information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may call the following numbers and leave messages for me about my appointment dates and times.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

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) \_\_\_\_\_

m sword@Acknowledgementofreceiptofnoticeof privacy practices