

**Acknowledgement of Receipt  
Of  
Notice of Privacy Practices**

I, \_\_\_\_\_ have received a copy of  
(Name of Patient)

Dr. James A. Holman Jr., D.D.S. 's notice of Privacy Acts.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)

---

**For office use only**

Our office made good faith effort to obtain  
Acknowledgement of receipt  
Of our Notice of Privacy Practices,  
But it could not be obtained for the following reason;

\_\_\_\_\_ Patient refused to sign

\_\_\_\_\_ Emergency situation kept us from obtaining the patient's signature

\_\_\_\_\_ Language barrier kept us from obtaining the patient's signature

Signed \_\_\_\_\_

Date \_\_\_\_\_