

**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 _____