



BUCKHEAD DENTAL
- ASSOCIATES, P.C. -

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY AND SECURITY PRACTICES**

I, _____ have received a copy of this
PRINT NAME OF PATIENT

office's Notice of Privacy and Security Practices.

SIGNATURE OF PATIENT OR PARENT/ GUARDIAN

DATE

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy and Security Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)
