

Cheryl E. McDonough, DMD, APC

Acknowledgement of Receipt of

Notice of Privacy Practices/*Facts About Fillings* booklet

I, _____ have received a copy of this office's **Notice of Privacy Practices**.

Signature _____ Date _____

****You have the right to refuse to sign this Acknowledgement****

I have received a copy of ***The Facts About Fillings*** materials booklet. (The booklet is available at your first appointment. Please sign for receipt then.)

Signature _____ Date _____

For Office Use Only-----

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

___ Individual refused to sign

___ An emergency situation prevented us from obtaining acknowledgement

___ Communication barriers prohibited obtaining the acknowledgement

___ Other (please specify)

Staff Initials _____ Date _____