

Halley White, D.D.S, M.P.H, PA

**Acknowledgement of Receipt of Privacy Practices**

Patient Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above names practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**We were unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason: \_\_\_\_\_
- Other: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_