



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

Patient: _____

Date: _____

I hereby acknowledge that I received a copy of the Notice of Privacy Practices of Adam J. Barr, DDS, PA.

Signature of Patient

Date

If not signed by Patient, Relationship to Patient

FOR OFFICE USE ONLY

A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

- Patient refused to sign
- Patient was unable to sign or initial because:

- An emergency situation prevented us from obtaining acknowledgement. An attempt to obtain the acknowledgement will be made at the next available opportunity.

- Other reason (describe below):

Signature of Employee Completing Form

Date