

DR. MICHAEL D. DOTY, DDS

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

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(Please Print Name)

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(Signature)

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(Date)

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

- \*Individual refused to sign
- \*Communications barriers prohibited obtaining the acknowledgement
- \*An emergency situation prevented us from obtaining acknowledgement
- \*Other (Please Specify)

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