

JONES AND ZIRKER FAMILY DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

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

----- (Please Print Name)

----- (Signature)

----- (Date)

For Office Use Only

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)