

MIDLANDS ORAL & MAXILLOFACIAL SURGERY, P.A.

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name & Address: _____

I have read and understand the Notice of Privacy Practices for the above named practice. I understand I have the right to receive a copy if I request it.

Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement 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 _____
