

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ have received a copy of
(name)

South Texas Periodontal Associates' Notice of Privacy Practices.

(signature)

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain **Acknowledgment of Receipt** of our Notice of Privacy Practices, but it could not be obtained for the following reason:

_____ Patient refused to sign

_____ Emergency situation kept us from obtaining the patient's signature

_____ Language barrier kept us from obtaining the patient's signature

_____ Other _____