

Acknowledgement of Receipt of Notice of Privacy Practices

Jeneen M Martin DDS PC  
333 S. Carpenter Ave  
Kingsford, MI 49802  
(Name of Practice)

\* You May Refuse to Sign This Acknowledgment\*

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

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 (circle):

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