

Palmer Werner Contemporary Dentists
**Acknowledgement of
Receipt of Notice of
Privacy Practices**

* You May Refuse to Sign This Acknowledgement*

I, _____, have reviewed a copy of this office's Notice of Privacy Practices.

Please Print Patients Name

Signature and Relationship if signing for a minor

Date

Please list any individuals you give permission for Palmer Werner to release your information to:

_____	_____
_____	_____
_____	_____
_____	_____

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)

