
Dennis J. Coleman, D.D.S

**Acknowledgment of Receipt of
Notice of Privacy Practices**

Patient

Name: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgment of receipt for the Notice of Privacy Practices because:

- An emergency existed and 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 reasons:

- Other: _____

Prepared By _____

Signature _____ Date _____