

ALEXANDRIA OLD TOWN DENTAL

**EDDIE LONGMAN DDS., WANDA GOLDHUSH DDS., ANH MINH PHAN DDS.,
DENIS PEPPER DDS.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I _____ understand that no information will be provided without talking to me first. (A COPY OF THE NOTICE OF PRIVACY PRACTICES WILL BE PROVIDED UPON REQUEST)

(Please Print Name)

(Signature)

(Date)

FOR OFFICIAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices. But acknowledgement could not be obtained because:

- () Individual refuse to sign.
- () Communication barriers prohibited obtaining the acknowledgement.
- () An emergency situation prevented us from obtaining acknowledgement.
- () Other (Please Specify)

_____.