

Goodall Family Dentistry

Acknowledgment of Receipt of Our Privacy Practices

**If you have any questions about this Notice please contact:
Privacy Officer: 919-336-5245**

Patient Name: _____

I have been offered a copy or have been provided a copy of the Notice of Privacy Practice for Goodall Family Dentistry.

Signature **Date**

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement for the receipt of 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 signature by return mail
- Unable to communicate with the patient for the following reason:

Completed By: _____

Signature: _____

Date: _____