H. Nelson Eddy, DDS, P.A.

Acknowledgement of Receipt
Of Notice of Privacy Practices

Patient Name & Address: _____
_____
_____
_____

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 acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & 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 reason:
  _____
- Other: _____
  _____

Prepared By: _____

Signature: _____

Date: _____