

Emily G.L. Sutherland, D.D.S.

Acknowledgment of Receipt of Notice of Privacy Practices

*You May Refuse To Sign This Acknowledgement

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

Please Print Name _____

Signature _____

Date _____

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)
