

RED ROSE DENTISTRY



Dr. Emily Eckdahl

Dr. Terence Geary

Acknowledgement 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
(Please Print Name)
Privacy Practices.

(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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

