Reynolds Family Dentistry, PA				
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 & a signature was not possible at the time.			The individual refused to sign.	
Unable to communicate with the patient for the following reason:				
☐ A copy was mailed with a request for a signature by return mail.			Other:	
Prepared By Signature			Date	