



LEFLER DENTAL, P.A.
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 Privacy Practices.

Signature

Date

List any family member that may have access to personal
information, (appt. dates, finances, treatment)

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