

W. Stephen Coker. D.M.D.

Acknowledgement of Receipt of Notice of
Privacy Practices

****You may refuse to sign this acknowledgement⁴**

I, _____ (patient/parent/guardian) have received a copy of this office's Notice of Privacy Practices to review.

Please print patient's name _____

Signature of patient/parent/guardian _____ 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 barrier prohibited obtaining acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please Specify) _____