

Jerry A. Laws, D.D.S.

**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

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 _____
- Communication barriers prohibited obtaining the acknowledgement

- An emergency situation prevented us from obtaining
acknowledgement _____
- Other (please specify)
