



DONALD H. LOUGH, JR., D.D.S., INC.

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.

PRINT NAME: _____

SIGNATURE: _____

RELATIONSHIP
TO PATIENT: _____

DATE: _____

FOR OFFICE USE ONLY

We attempted to obtain a 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 the agreement.
- An emergency situation prevented us from obtaining agreement.
- Other (Please specify)
