



Ronald Palmer, Family and Cosmetic Dentistry
Ronald Palmer, DDS, PC.
719-593-0045

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the office's
(Please print name)
Privacy Practices.

Print child's name if applicable _____

Signature _____

Date _____

For office use only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

____ Individual refused to sign

____ Communications barriers prohibited obtaining the acknowledgment

____ An emergency situation prevented us from obtaining acknowledgment

____ Other (Please Specify)