

ACKNOWLEDGEMENT OF PRIVACY POLICIES

TOM ATKINSON, JR., DMD, MS, PA

**** You May Refuse to Sign This Acknowledgement****

I have received a copy of this office's **PRIVACY POLICIES**.

Print Patient Name: _____

**Responsible Party
Signature:** _____

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
- Other (Please Specify)
