
**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

**** You may refuse to sign this acknowledgement. ****

I, _____, have received or have been given the opportunity to receive a copy of Lynn A. Palmer, D.D.S.'s Notice of Privacy Practices.

By signing below I am "only" giving acknowledgement that I have received or have had the opportunity to receive the Notice of Privacy Practices.

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)