

*Paul Mizar, DDS, 4012 Preston Road, Suite 100, Plano TX 75093*

## Acknowledgement You Have Received 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 Patient Name

\_\_\_\_\_  
Signature of Patient or parent/Guardian

\_\_\_\_\_  
Date

### **For Office Use Only**

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

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