William L	inger, DDS,	MAGD
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Acknowledgement of Receipt

Of Notice of Privacy Practices			
Patient 1	Name & Address:		
	eceived a copy of the Notice of Privoractice.	vacy Practices for the above	
	Signature	Date	
	For Office Use	Only	
	unable to obtain a written acknowled	gement of receipt of the Notice	
iivacy i	Practices because:		
	An emergency existed & a signature w	as not possible at the time.	
•		as not possible at the time.	
	An emergency existed & a signature w	-	
	An emergency existed & a signature w The individual refused to sign.	a signature by return mail.	
	An emergency existed & a signature we. The individual refused to sign. A copy was mailed with a request for a	a signature by return mail. Int for the following reason:	
	An emergency existed & a signature were the individual refused to sign. A copy was mailed with a request for a unable to communicate with the patient	a signature by return mail. Int for the following reason:	
o o Pr	An emergency existed & a signature we The individual refused to sign. A copy was mailed with a request for a Unable to communicate with the patient Other:	a signature by return mail. Int for the following reason:	