

**J. Craig Alexander, D.M.D., M.A.G.D.**

## **Acknowledgement of Receipt of 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 Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### **For Office Use Only**

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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)

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