

Richard L. Anthony, DDS  
Acknowledgement of Receipt of Privacy Practices to disclose of Health  
\*You May Refuse to Sign This Acknowledgement\*

I have received a copy of this office's Notice of Privacy Practices.

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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