

DONALD G. NIELD, D.M.D., P.C.

NOTICE OF PRIVACY PRACTICES Acknowledgment of Receipt

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

Please Print Name

Signature

Date of Signature

* You may refuse to sign this acknowledgment *

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our
Notice of Privacy Practices
and acknowledgment could not be obtained because :

- Individual refused to sign
- Communication carriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)