

# Acknowledgement of Receipt of Notice of Privacy Practices

---

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

---

---

**Credle A. Harris, DMD, PLLC/CHAPEL HILL DENTAL GROUP**

1721 E. Franklin Street  
Chapel Hill, NC 27514

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have read and/or received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

**\*\*You May Refuse to Sign This Acknowledgement\*\***

---

### **For Office Use Only**

---

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)

---

---