

J. Alexander Withers D.D.S., M.S.

* You May Refuse to Sign This Acknowledgment*

I was offered a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

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)
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