

MULLEN

ORTHODONTICS

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.

Name

Signature

Date

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 us from obtaining
acknowledgement
- Other (please specify)

Employee Signature