



Dr. Keith Shepard



Acknowledgement of receipt of Notice of Privacy Practices

****You may refuse to sign this acknowledgement****

I, _____ have received a copy of Brighten Your Smile Dentistry's Notice of Privacy Practices.

(Print 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

Communication barriers prohibited obtaining the acknowledgement

Other (please specify):

