



MARTIN DENTISTRY
Broad Ripple & Fishers

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.

Please 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
- Communications barrier prohibited obtaining acknowledgement
- An emergency situation
- Other (specify) _____