

Scott Morris DDS & Associates, P.C.
66 Miller Drive Suite 105
630-907-9100
drm@scottmorrisdds.com

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 Patient Name)

(Please Print Guardian Name if applicable)

(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 obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

