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A PROFESSIONAL DENTAL CORPORATION

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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\*\* You May Refuse To Sign This Acknowledgment \*\*

I, \_\_\_\_\_  
acknowledge that I have been given an opportunity to read this  
office's Notice of Privacy Practices and will only be given a copy  
of the Notice of Privacy Practices if I request a copy.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name (if different from above)

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**FOR OFFICE USE ONLY**

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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
- Other (Please specify)

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