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A PROFESSIONAL DENTAL CORPORATION

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

** 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)

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
- Other (Please specify)
