

Alison M. Jones, D.D.S., P.A.
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.

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)

*If a brochure is not attached, please be sure to ask for one at the Front Desk. Thank you.