



BIGGERS

FAMILY DENTISTRY

13542 Waterford Place Midlothian, VA 23112

Acknowledgement of Receipt of Notice of Privacy Practice

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement

I, (Print) _____, 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

_____ Communication barrier prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please Specify)