

Floral Family Dental Care
John W. Frerich, DDS
24244 5th Avenue
Floral, AL 36442

Acknowledgement of Receipt
of HIPAA Notice of Privacy Practices
you may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Printed name _____

Signature _____

Date _____

For office use only

We attempted to obtain witten acknowledgement of receipt of our Notice of Privacy Practices however, acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining the acknowledgement
 - Other (please specify) _____
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