



DELAWARE DENTAL

GENERAL DENTISTRY

John C. Sexton, DDS

Acknowledgement of receipt of Notice of Privacy Practices

(You may refuse to sign this acknowledgement)

I, _____, have received a copy of the office's Notice of Privacy Practices which would apply to myself and/or dependant.

Please print patient's name

Signature of patient or guardian

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please explain):

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