

Dr. Lorie A. Moreau, D.D.S.

**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.

Please Print Name

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)**

© 2002 American Dental Association
All Rights Reserved

Reproduction and use of this form by dentist and their staff is permitted. Any other use, duplication of this form by any other party requires the prior written approval of the American Dental Association.

REV 9/2013