

**Deborah G. Anders DDS, PA**  
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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**\*You may refuse to sign this acknowledgement**

I, \_\_\_\_\_, have received a copy of this office's notice of Privacy Practice.

\_\_\_\_\_  
Signature

_____ Date	_____ Date	_____ Date	_____ Date
_____ Date	_____ Date	_____ Date	_____ Date

**I would like for the following people to have complete access to my medical records and information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You may call the following numbers and leave messages for me about my appointment dates and times.**

_____	_____
_____	_____
_____	_____

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**For Office Use Only**

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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) \_\_\_\_\_  
\_\_\_\_\_