

**Acknowledgement Of Receipt
Of
Notice Of Privacy Practices**

I, _____, have received a copy of Edward
B. Miller, D.D.S. Notice Of Privacy Practices.

_____ (Signature of Patient)

Staff Will Fill Out This Section If Patient's Signature Is Not Obtained

Or office made a good faith effort to obtain **Acknowledgement Of Receipt**
of our Notice of Privacy Practices, but it could not be obtained for the
following reason:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature

_____ Language barriers kept us from obtaining the patient's signature

_____ Other _____