![tooth[3]]()

DR. BRENDA FOWLER

**PRACTICE LIMITED TO PERIODONTICS**

#### Periodontal Plastic Surgery

Regenerative Therapy

Dental Implants

**866-667-4867**

**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.

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

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:

o Individual refused to sign

o Communications barriers prohibited obtaining the acknowledgement

o An emergency situation prevented us from obtaining acknowledgement

o Other (please specify)

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