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ADKINS
DENTISTRY
— DDS, PLLC —

Acknowledgement of Receipt of Notice of Privacy Practices

(A copy will be available upon request)

Patient Name & Address: _____

I have received a copy of the *Notice of Privacy Practices* for the above named practice.

Signature _____ Date _____
(Patient, legal guardian or authorized agent of patient)

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An Emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with patient for the following reason: _____

- Other: _____

Prepared By _____

Signature _____

Date _____