

Acknowledgement Of Receipt Of Notice Of Privacy Practices

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I, _____ have received a copy of this
(Name of Patient)
Office's Notice Of Privacy Practices.

(Please Print Name of Patient)

(Signature of Patient or Guardian)

(Date Signed)

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)

