

Dr. Nancy E. Gill, D.D.S. P.C

ACKNOWLEDGEMENT OF NOTICE
OF PRIVACY PRACTICE

You may refuse to sign This Acknowledgement

I _____ understand that my x-rays or any other information about myself can not be released without my consent. (Privacy Act papers available on request.)

Signature

Date

For Office Use Only

We attempt to obtain written acknowledgment of receipt of our Notice of Privacy acknowledgement could not be obtained because

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)