

**MARY PAIGE HUXFORD, DMD
TAMMI LOCKHART, DMD**

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**** You may refuse to sign this acknowledgment ****

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of our Notice of Privacy Practices, but
acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining consent

_____ An emergency situation prevented us from obtaining acknowledgment

_____ Other (Please specify)