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## **Acknowledgement of Receipt of Privacy Practices**

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

Signature

Relationship to Patient

Date

Additional Patients

for office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could d 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)