

L. King Scott, D.D.S.

Acknowledgement of receipt of Notice of Health Information Privacy Practices

() I, (patient name) _____ acknowledge receipt of this Notice of Health Information Privacy Practices.

() I, (patient name) _____, certify that I have made a good faith effort to obtain written acknowledgement of receipt of this **Notice of Health Information Privacy Practices**, from (patient) _____
But the acknowledgement was not obtained because: _____

By: _____ This _____ day of _____, 20____.

This document must remain in the patient's chart at all times.

This document must be retained for the longer of 6 years from the date of its creation or when it was last in effect.