

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, _____, 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 form the date of its creation or when it was last in effect.