

Frank Harmon, D.D.S.  
Carter Davis, D.D.S.

---

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

---

**\* You may refuse to sign this acknowledgement. \***

I, the undersigned, have received a copy of Dr. Harmon and Dr. Davis's privacy practices.

Unless otherwise stated below, I authorize Dr. Harmon, Dr. Davis (and/or the office staff) to communicate with my immediate family regarding my dental treatment, account balance, and/or appointment reminders.

I understand that I have the right to refuse to sign this acknowledgement.

Patient request or additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

### FOR OFFICE USE ONLY

---

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_