



DENTISTRY AT
BRIDLEWOOD
STEPHEN H. DUNN
& ASSOCIATES

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, which is also posted in the reception area.

Please print additional name(s) of person(s) that you would like to be able to have access to your records when not in your presence.

Please print your name

Signature

Date

Office Use Only

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

It was emergency treatment _____
I could not communicate with the patient _____
The patient refused to sign _____
The patient was unable to sign because _____
Other (please describe) _____

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