

Acknowledgement of Receipt of Notice of Privacy Practices

This is our good faith effort to obtain an acknowledgement of receipt of our Notice of Privacy Practices.

Lake Norman Smiles
Hoang H. Drouin, DMD, PA

* You May Refuse to Sign This Acknowledgment*

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

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)