

**Brittany N. Meyer, D.M.D., PC**

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ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I \_\_\_\_\_, have received a copy of this Office's  
Notice of Privacy Practices.

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Please Print Name

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Signature

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Date

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice Privacy Practices, bur 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)