

Acknowledgement of Receipt of Notice of Privacy Practices

You may Refuse to Sign This Acknowledgement

I certify that I have received a copy of this office's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my Protected health information that might occur in my treatment, payment of my bills or in the performance of Karen Cole Dameron, DDS, PC at 4424 Springfield Road, Suite 100, Glen Allen, VA 23060.

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

(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)
