

Maxine Moncrieffe, DDS, PA

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**** You May Refuse to Sign This Acknowledgement ****

_____ have received a copy of this office's notice

Print Name: _____

Signature: _____

Date: _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices.
Acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers
- Emergency situation
- Other (Please Specify)
