

RUSSELL N. MOSHER, D.D.S., P.C.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY
PRACTICES

**** You may refuse to Sign this Acknowledgement****

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

Patient Signature

Date

If patient is a minor or unable to sign:

Authorized Representative

Relationship to patient

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
- Communication Barriers prohibited obtaining it
- An emergency situation prevented it
- Other (please specify)