

**Acknowledgement of
Receipt of
NOTICE OF PRIVACY PRACTICES**

From the Practice of

Jennifer Edwards Butler, D.M.D., P.A.
702 Country Club Drive Conway, SC 29526 (843) 488-2526

Patient Acknowledgement

“You Have the Right to Refuse to Sign this Acknowledgement”

Please sign this form below to acknowledge that you have today received a copy
a copy of the “Notice of Privacy Practices”.

I acknowledge that I have today received a copy of the “Notice of Privacy Practice”.

Patient or Parents Signature Patient Name (please print) Date

For Office Use Only

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

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify) _____

Office Personnel Signature Office Personnel Name (please print) Date