

**H. Howard Weeks, DDS, PA**

**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

Patient Name & Address \_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
For Office Use Only  
\_\_\_\_\_

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed and a signature was not possible

The individual refused to sign

A copy was mailed with a request for a signature by mail

Unable to communicate with the patient for the following reason: \_\_\_\_\_

Other: \_\_\_\_\_

Signature and Date: \_\_\_\_\_