

---

Gregory P. Skinner, DDS, PC

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

**(Patient or Legal Guardian)**

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

I, (patient or legal guardian) \_\_\_\_\_, have received  
a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
**(Please Print Name of Patient)**

\_\_\_\_\_  
**(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)**

\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_