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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY PRACTICES

Patient Name: _____

Patient Address: _____

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

Signature

Date

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

_____ An emergency existed and a signature was not possible at the time

_____ The individual refused to sign

_____ A copy was mailed with a request for the signature by return mail

_____ Unable to communicate with the patient for the following reasons:

Other: _____

Prepared By: _____

Signature: _____

Date: _____