

MARSHALL L. WALLACE, D.M.D., M.H.S.
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign this Acknowledgment****

I, _____, have read a copy of this offices Notice of Privacy Practices.

Messages about appointments may be left at my work. Yes No

Messages about my appointments and my pre-medication (where applicable) may be left on my answering machine/voicemail. Yes No

Print name: _____

Signature: _____

Home Phone # _____ Work Phone # _____

INFORMATION BELOW 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 acknowledgment
- Other _____