

Dr. Robert L. Franklin Jr. D.M.D.

**Acknowledgment of Receipt of
Notice of Privacy Practices**

****You may refuse to sign this acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Please Print Full Name)

(Signature)

(Date)

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

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