

Dr. Lawrence N. Frost, III, D.D.S.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

You May Refuse to Sign This Acknowledgment

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

PLEASE PRINT NAME

SIGNATURE

DATE

FOR OFFICE USE ONLY

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

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