



James R. Williams, D.M.D.

Acknowledgement of Receipt of Privacy Policy

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

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

Signature

Date

For Office Use Only

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

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):

