

DAVID SCOTT LIPPS, DDS INC.
**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**** You May Refuse to Sign This Acknowledgment**

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

(Please Print Patient's Name)

(Signature)
- if patient is a minor, guardian signature is needed

(Date)

For Office Use Only

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

- Individual refused to sign
- Patient is a minor and no guardian present for appointment
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other _____

