

# ***Sturner Dentistry***

**6404 Carmel Road # 306 Charlotte, NC 28226**

**704-542-9126**

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## Acknowledgement of Receipt Of Notice of Privacy Practices

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Patient Name & Address:

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I have received a copy of the Notice of Privacy Practices for the above named practice.

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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

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We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:  
\_\_\_\_\_

Other: \_\_\_\_\_

Prepared By \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_