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Pediatric Dentistry

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## ACKNOWLEDGEMENT 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 Name

\_\_\_\_\_  
Relation to the Patient(s)

\_\_\_\_\_  
Signature (Patient Signature if 18yrs. or older)

\_\_\_\_\_  
Date

May we send a 'Thank You' with your name and your child's name to your referral source?

Yes \_\_\_\_\_ No \_\_\_\_\_

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### For Office Use Only

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

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