

DENISE F. MCGRADY, D.D.S., P.C.
5805 COIT RD., SUITE 101
PLANO, TX 75093

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF
PRIVACY PRACTICES.

PLEASE PRINT NAME

SIGNATURE

DATE

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 ACKNOWLEDGEMENT

___ AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING
ACKNOWLEDGEMENT

___ OTHER (PLEASE SPECIFY)

