

JAMES BRINSTER, D.D.S.
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ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

_____ (Please print patient's name) have
received and understand a copy of the office of James Brinster, D.D.S.
Notice of Privacy Practices.

PATIENT OR PARENT SIGNATURE

DATE

FOR OFFICE USE

Attempt was made 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)