

# CHARLES R. WHITE II, DDS

♦ ♦ ♦ FAMILY DENTISTRY ♦ ♦ ♦

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

*\*You may refuse to sign this Acknowledgement\**

I, \_\_\_\_\_, have received a copy of Charles R. White II's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **For Office Use Only**

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We attempted to obtain writing 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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