

Summit Oral & Maxillofacial Surgery

Acknowledgement of Receipt Of

Notice of Privacy Practices

You may refuse to Sign This Acknowledgement

I, _____ have received a copy of Summit Oral & Maxillofacial Surgery Notice of Privacy Practices.

Please Print Name

Signature/Date

For Office Use Only

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
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (please specify)

Please list below anyone that you will allow us to discuss this account with:

- 1) _____
- 2) _____
- 3) _____