

**Acknowledgement of Receipt of Notice of Privacy Practices**

**W A SCHOLTZ DDS PLC**

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I authorize you to disclose the specific information described below, for the purposes and parties described below:

1. Send reminder appointment cards disclosing date and time.
2. Leave messages on answering machine or family member re: appointment date and time.

Recipient of the information: \_\_\_\_\_

**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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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