John C. Braden, D.D.S.
1104 W. Grand Avenue
Yoakum, Texas 77995

ACKNOWLEDGEMENT OF PRESENTATION OF
NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I,_____ have been presented with Dr. Braden's Notice Of Privacy Practices.

X _____
(Signature of patient)

_____
Date

And/Or

I,_____ have received a **requested copy** of Dr. Braden's Notice Of Privacy Practices.

X _____
(Signature of patient)

_____
Date

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>FOR OFFICE USE ONLY>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Our office made a good faith effort to obtain acknowledgement of presentation of Notice Of Privacy Practices, but a signature was not obtained for the following reasons:

___ Emergency situation prevented office from obtaining

___ Patient/Individual refused to sign

___ Language/Communications barrier prohibited office from obtaining

___ Other (please specify)