

WILLIAM D. BATEMAN, D.M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Please Print Name

Signature

For Office Use Only

Our office attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained for the following reason:

- ☐ Patient refused to sign
- ☐ Communication barriers prohibit obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (describe Below)