

# Asheville Family Dentistry

## Christi B. Abernathy, DMD

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### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\*You May Refuse to Sign This Acknowledgement\*

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

Patient's Name(s) (Print) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

Please list the name of anyone with whom we may discuss all of your dental and  
post-op needs:

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

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### FOR OFFICE USE ONLY

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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) \_\_\_\_\_

Date \_\_\_\_\_

Initial \_\_\_\_\_

Asheville Family Dentistry

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