

David R. Winchester, DMD, PC

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign this Acknowledgement****

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

Please Print Name

Signature

Date

We, the undersigned, give express prior consent to David R. Winchester, DMD, PC, its employees and agents, to contact me at any/all phone numbers(including cell phone numbers) for the purpose of treatment, insurance and payment.

Signature

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 acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: _____