

# Highland Colony Dental- Donald K. Givan, DMD

## 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.  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 signing  
 An emergency prevented us from obtaining acknowledgement       Other (Specify)

### **Demographic/ Personal**

\_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name or Student \_\_\_\_\_

Business Address or School Name \_\_\_\_\_

Work Number \_\_\_\_\_ Best Daytime Contact \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

**Personal:** (office use only)