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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Please Print Patient Name or Parent/Guardian if Patient Under 18

Signature

Date

Please List Any Additional Person(s) That Are Approved to have Access to the Patient Listed Above's Account and Dental Records:

- 1.
- 2.
- 3.
- 4.

Signature: _____ Date: _____
Patient or Parent/Legal Guardian if Under 18

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 the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)