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**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 Patient's Name

Signature Of Patient/Personal Representative

Date

If a personal representative signs this authorization on behalf of the individual, please
complete the following:

Personal Representative Name: _____

Relationship to Individual: _____

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other (Please specify)

Attempt was made by: _____ Date: _____