DAVIDA	. MCGREW,DMD,P.A.	
DAVIDA	. MCGREW.DMD.P.A.	

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

[,	have received a copy of this office's Notice
of Privacy Pra	actices.
Please Print Na	nma
Flease Fillit Na	ame
Signature	
Signature	
Date	
Dute	
	For Office Use Only
We atten obtained because:	npted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be
Individu	al refused to sign
Communication	nications barriers prohibited obtaining the acknowledgment
An emer	rgency situation prevented us from obtaining acknowledgment
Other (I	Please Specify)

2002 American Dental Association

All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This form is educational only, does not constitute legal advice, and covers only federal, not state law(August 14, 2002).