



Roxanne Malone, D.D.S.
Gentle Family Dental Care

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ have received a copy of Roxanne Malone, DDS
Notice of Privacy Practices.

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

Individual refused to sign.

Communication barrier prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement.

Other (please specify)

Office Signature: _____ Date: _____