



B. A. BLACKBURN, III, DDS
B. A. BLACKBURN, II DDS, P.C.
Diplomate, American Board of Prosthodontics

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Patient ID#: _____

I hereby acknowledge that I have received a copy of Atlanta Prosthodontics, Inc.'s Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative (if applicable)

Relationship to Patient (if applicable)

- Parent or guardian of unemancipated minor
- Court appointed guardian
- Executor or administrator of decedent's estate
- Power of Attorney

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date, _____ but acknowledgement could not be obtained because:

- Patient/Representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (explain)

Other (specify)

