

BALDONE DENTISTRY

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Acknowledgement of Receipt of Privacy Practices

I, _____, received a copy of this office’s Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- Emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

Baldone Dentistry Staff Member

Date