

Bucktown Dental Care
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**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

******YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT******

I, _____, have 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 acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____

