

**Burgess Dental  
Dr. Bill Burgess ~ Dr. Louis Burgess**

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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\* YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*

I acknowledge that I have been offered and received a copy of the Notice of Privacy Practices. (Attached)

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Please Print Name

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Signature

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Date

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**For Office Use Only**

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

- Individual Refused to Sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)