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Acknowledgement of Receipt of Notice of Privacy Policies

By signing below, I hereby acknowledge that I have been provided with a copy of this office's **Notice of Privacy Practices** and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information.

(signature of patient or legal guardian)

(Print name and relationship)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt/consent of our Notice of Privacy Practices but acknowledgement/consent could not be obtained for the following reason:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other (please specify)

Initial: _____