

Drs. Salisbury & Driscoll, D.D.S., P.A.

1551 Westbrook Plaza Drive, Suite 203
Winston-Salem, NC 27103

Acknowledgement of Receipt of Notice of Privacy Practices

**** You may refuse to sign this acknowledgement****

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

(Signature) (Date)

I would like you to communicate with me in the following way:
(Please check all that have your approval)

Home phone Office Phone Cell Phone
 Pager E-mail: _____

Would you like a reminder card? _____

For Office Use Only

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 acknowledgement
 Other (Please specify)