

Matthew D. Gemp, D.M.D.
Annette D. Gemp, D.M.D.

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

****You May Refuse To Sign This Acknowledgement****

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

{Signature}

{Date}

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)
