

**Marea White, D.D.S.**  
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## **Acknowledgement of Receipt of Notice of Privacy Practices**

**\*You May Refuse to Sign This Acknowledge\***

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

**Print Name** \_\_\_\_\_

**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

\_\_\_\_\_ Communications barriers prohibited obtaining the  
acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining  
acknowledgement

Other (Please Specify)

Authority of Personal Representative to Sign for Patient (check one):

Parent     Guardian     Power of Attorney     Other: \_\_\_\_\_