

**Barbara Preussner DMD**

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

I have received a copy of the offices Notice of Privacy Practices.

**Please note any person(s) that you wish us to freely share information with.**

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**(Example: parent, spouse)**

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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, acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barrier prevented obtaining it

\_\_\_\_\_ Emergency situation prevented obtaining it

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

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