

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

Thank you for taking the time to review our Notice of Privacy Practices.
Please let us know if you should have any questions or concerns.
You May Refuse to Sign This Acknowledgement

I have read and understand this office's Notice of Privacy Practices.

(Please Print Name)

(Date)

(Signature)

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)

**H.H. Hancock III, DDS, MS, PA
4505 Fair Meadow Lane, Suite 220
Raleigh, NC 27607**

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

Thank you for taking the time to review our Notice of Privacy Practices.
Please let us know if you should have any questions or concerns.
You May Refuse to Sign This Acknowledgement

I have read and understand this office's Notice of Privacy Practices.

(Please Print Name)

(Date)

(Signature)

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)

H.H. Hancock III, DDS, MS, PA