



MIKE WILLIAMSON  
DDS | MS

**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.**

PLEASE PRINT YOUR NAME

NAME OF PERSON WE MAY SHARE YOUR HEALTH INFORMATION WITH

SIGNATURE

DATE

**• FOR OFFICE USE ONLY •**

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- INDIVIDUAL REFUSED TO SIGN ACKNOWLEDGEMENT.
- COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT.
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT.
- OTHER (PLEASE SPECIFY) .....

.....  
.....  
.....