

Katherine McGrath D.D.S, F.A.G.D

I have received and reviewed a copy of our dental practice’s privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice’s Privacy Official if I have any questions about these policies and procedures.

Print

Name: _____

Signature: _____

Date: _____

You May Refuse to Sign This Acknowledgment*

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)

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