

**Deborah C. Sullivan DDS, MS
Danny Wright DDS**

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

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT

I, _____ have received a copy of this office's notice of privacy practices.

Please Print Name

Signature

Date

******* For office use only *******

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

- Individual refused to sign**
 - Communication barriers prohibited obtaining the acknowledgment**
 - An emergency Situation prevented us from obtaining acknowledgment**
 - Other (please specify)**
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