



Dr. Leslie C. Horn, D.M.D.

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 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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, 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) \_\_\_\_\_