

**Acknowledgement of Receipt of  
Notice of Privacy Practices for  
Mouzon Family Dentistry  
402 College Ave.  
Clemson, SC 29631**

I hereby acknowledge that I have received the Notice of Privacy Practices for the above office.

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**Signature: Patients Name/Personal Representative (as defined by HIPPA)** **Date**

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**Description of Personal Representation and please attach copy of documentation**

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- Document presented to patient, but patient refused to sign acknowledgement.
  - Patient presented with emergency situation and there was no time to give the Notice or receive a signature. Attempt to give the Notice, and get any acknowledgement will be handled as soon as possible.
  - Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
  - The documentation was mailed to the patient but never returned to us.
  - Other:
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Employee preparing document

Date

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Employee Signature:

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