

Todd P. Briscoe, D.D.S., P.C.

7833 Saint Joe Center Road

Fort Wayne, IN 46835

Phone: (260) 486-9950 Fax: (260) 485-1651

www.briscoedentistry.com



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*You have the right to refuse signing this acknowledgement.

I _____ have received a copy of the Notice of
Patient Name

Privacy Practices from the office of Todd P. Briscoe, D.D.S., P.C.

Patient Name – Printed

Patient Signature

Date

For Office Use

We attempted to obtain written acknowledgement of receipt of our **Notice of Privacy Practices**, but acknowledgement could not be obtained because of one of the following reasons –

_____ Individual Refused to sign

_____ Communication barriers prohibited obtaining the patient’s signature

_____ An emergency situation prevented us from obtaining acknowledgement

Other (please specify)

