



Joel E. Johnson, DMD, PA
Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name (Printed) _____ DOB: _____

Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Patient Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed and signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for signature by return mail.
- Unable to communicate with the patient for the following reasons:

 Other: _____

Patient Signature

Date

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