



Acknowledgement of Receipt of
NOTICE OF PRIVACY PRACTICES

1430 East Cone Blvd.
Greensboro, NC 27405
(336) 621-4927
www.castorfamilypedentistry.com

Patient Name & Address: _____

I have received a copy of the Notice of Privacy Practices for Castor Family Dentistry

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

Other: _____

Prepared By: _____

Signature: _____

Date: _____