

**Acknowledgement of Receipt of  
Notice of Privacy Practices For  
Robert Lee Buchanan, III, DMD  
121 Greenville St SW  
Aiken, SC 29801  
803-648-3251**

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

\_\_\_\_\_  
Signature: Patient's Name / Personal Representative (as defined by HIPAA)      Date

\_\_\_\_\_  
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 an emergency situation and there was no time to give the Notice or receive a signature. Attempt to get 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 \_\_\_\_\_  
\_\_\_\_\_

Employee preparing document

Date

\_\_\_\_\_  
Employee signature \_\_\_\_\_