

Dr. Gary B. Dempsey and Associates

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY
PRACTICES**

***You may refuse to sign this Acknowledgement *
By signing this form you are acknowledging that the privacy
requirements have been explained to you.**

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)
