

**HEATHMAN FAMILY DENTAL
MONTGOMERY HEATHMAN, DDS
12501 CANTRELL ROAD
LITTLE ROCK, AR 72223
501-223-3838**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I may refuse to sign this acknowledgement.

**I have received a copy of Heathman Family Dental, PA's
Notice of Privacy Practices.**

Printed Name of Patient

Signature of Patient/Guardian

Date

Office Use Only

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

- Individual refused to sign**
- Communications barriers prohibited obtaining the acknowledgement**
- an emergency situation prevented us from obtaining acknowledgement**
- other: _____**