

WILLIAM D. BATEMAN, D.M.D.

Please Print, Fill-Out and Bring into Your Initial Visit

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices.

Please Print Name:

Signature:

For Office Use Only
<p>Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:</p> <ul style="list-style-type: none"><input type="checkbox"/> Patient refused to sign<input type="checkbox"/> Communication barriers prohibit obtaining the acknowledgement<input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement<input type="checkbox"/> Other (describe below) <hr/> <hr/> <hr/> <hr/>