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Acknowledgement of Receipt of “Notice of Privacy Practices”

I, (Please print your name) _____, have received a copy of the Notice of Privacy Practices from the office of Dr. Doty.

Your Signature

Date

For office use:

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

1. Individual refused to sign
2. Communication barriers prohibited obtaining the acknowledgement
3. An emergency situation prevented us from obtaining the acknowledgement
4. Other, please specify: _____

