

Cherryl A Davis, DDS, PA

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

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- *you may refuse to sign this acknowledgement\**

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

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Print Name

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Signature

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Date

.....  
*For office use only*  
.....

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

- \_\_\_ *Individual Refused to sign*
- \_\_\_ *Communications barriers prohibited obtaining the acknowledgement*
- \_\_\_ *An emergency situation prevented us from obtaining acknowledgement*
- \_\_\_ *Other (please specify)*