

LISENBY ORTHODONTICS

6336 Peake Road
Macon, GA 31210
(478) 330-5130

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

**** YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT ****

Name: _____ Date: _____

Address: _____ Phone #: _____

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

Signature: _____

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)

