

Christopher B Shumway D.D.S.

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\*You May Refuse to Sign This Acknowledgement \*

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

\_\_\_\_\_  
Please print children's names in family

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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

\_\_\_\_\_ Communications barriers prohibited the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (please specify)

\_\_\_\_\_  
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