

GEORGE E. LUDWIG, DDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

-YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT-

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

Please Print Name _____

Signature _____ Date _____

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 refuse to sign

___ Communications barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (please Specify)
