

***D. Brian Williams, D.D.S., P.A.
1900 Randolph Rd, Suite 404
Charlotte, NC 28207
704.375.6831
704.333.4942 (fax)***

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

I, _____, have received a copy of D. Brian Williams, D.D.S., P.A. Notice of Privacy Practices.

Print Name

Signature

Date

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 acknowledgement
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