

Lynch, Rodriguez & Keller, P.A.
LRK Dental

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

I acknowledge that I have received and reviewed a copy of the Notice of Privacy Practices for the office of Lynch, Rodriguez, & Keller, P.A., LRK Dental.

(Please Print Patient Name)

(Signature of patient or parent / legal guardian)

(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 refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
