

**Patrick C. Shannon, D.M.D.**

Diplomate American Board of Periodontology

**Daniel W. Overfelt, D.M.D.**

Practice Limited to Periodontics and Implantology

**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.

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Signature

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Date

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individuals refused to.
- Communication barriers prohibited obtaining acknowledgement.
- An emergency prevented us from obtaining acknowledgement.
- Other (Please specify)

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