



Warrier Family Dentistry
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date _____

I have received a copy of the Notice of Privacy Practices from the above named practice.

Signature

Date

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of Receipt of Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other:

