

**Craig W. Jackson, DDS, PA**

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

\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of Dr. Jackson's Notice of Privacy Practices.

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Please Print Name of Patient

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Signature

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Date

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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 acknowledgment

\_\_\_\_\_ Other (Please Specify)