

COPE & GRAF ORTHODONTICS

J. Sanders Graf, D.M.D., M.S.

A Professional Corporation

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

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of Drs. Cope and Graf's
Notice of Privacy Practices for this office.

(Please Print Name)

(Patient Name)

{Signature}

{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)

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“Please return this form to the office”