

**Danny Wright DDS**

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

**\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT\***

I, \_\_\_\_\_ have received a copy of this office's notice of privacy practices.

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**Please Print Name**

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**Signature**

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**Date**

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**\*\*\*\*\* For office use only \*\*\*\*\***

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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:**

- Individual refused to sign**
  - Communication barriers prohibited obtaining the acknowledgment**
  - An emergency Situation prevented us from obtaining acknowledgment**
  - Other (please specify)**
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