

**J. Mark Bayless D.M.D., Inc.
Brandi Faia D.D.S.**



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature/Date

ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I, _____, acknowledge I have received a copy of the Dental Materials Fact Sheet from this office .

Signature/Date

THE FOLLOWING IS FOR OFFICE USE:

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.*
- Communication barriers prohibited obtaining the acknowledgement.*
- An emergency situation prevented us from obtaining acknowledgement.*
- Other, please specify: _____*