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ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

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

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

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Is there anyone else that we may share your personal information with? Y N
If YES, please list names & relationship to patient.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

We attempted to obtain written Acknowledgement of Receipt of 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) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Position