

**Southwest Dentistry (Dr. George J. Gulu)**  
{Name Of Practice}

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

[Retain this page in Patient records]  
[You May Refuse to Sign This Acknowledgment]

Privacy Notice Amendment 2013

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use on my Personal Health Information.

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Practice witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
For Office Use Only  
\_\_\_\_\_

**We attempted to obtain written acknowledgment of receipt of our Notice of Privacy, but acknowledgment could not be obtained because:**

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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