

**Dr. Richard D. Saunders D.D.S.**  
**Dr. Ryan R. Saunders D.D.S.**

## **ACKNOWLEDGE 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

---

**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)

---