

Richard F. Brooks, D.D.S., Ritu K. Chandak, D.D.S., P.A.
Preston Corners Pediatric Dentistry

120 Preston Executive Drive • Suite 100 • Cary, North Carolina 27513 • (919) 468-9775

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name & Address: _____

I have been given the opportunity to read and review a copy of the Notice of Privacy Practices for the above named practice.

Signature Date
(if patient is a minor, parent or legal guardian must sign.)

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared By: _____

Signature: _____

Date: _____



Richard F. Brooks, D.D.S., Ritu K. Chandak, D.D.S.
members, American Academy of Pediatric Dentistry
Board Certified Diplomates, American Board of Pediatric Dentistry
www.pediatricdentistcarync.com