

**Stoppelbein & Hardison, DDS, PA**

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

You May Refuse to Sign This

Acknowledgement

I have been provided the opportunity to obtain/review the Notice of Privacy Practices for Stoppelbein & Hardison, DDS, PA.

I authorize Stoppelbein & Hardison, DDS, PA to do the following: (Check all that apply)

- Leave a message on my answering machine/voice mail.
- Leave a message with a family member.
- Leave a message via e-mail.

\_\_\_\_\_

Patient's Printed Name

\_\_\_\_\_

Patient or Responsible Party Signature

Date

**FOR OFFICE USE ONLY**

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

Individual refused to sign.

Communications barrier prohibited obtaining the acknowledgement.

Other (Please Specify) \_\_\_\_\_

Stoppelbein & Hardison, DDS, PA / Witness

Signature: \_\_\_\_\_ Date: \_\_\_\_\_