

**DAVID COONEY, DMD, P.C.**

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

\* You May Refuse to Sign This Acknowledgment\*

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

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)

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

**DAVID COONEY, DMD, P.C.**

**Acknowledgement of Receipt of  
HIPAA Privacy Policies and Procedures**

I, \_\_\_\_\_, have received and reviewed a copy of David Cooney, DMD, P.C.'s health information privacy and security policies and procedures.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_