



6801 Pleasant Pines Dr, STE #102
Raleigh, NC 27613
Phone: (919) 781-8984

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have been offered or have received a copy of Red Oak Dentistry's Notice of Privacy Practices.

May we contact you by email regarding appointments? Yes _____ No _____

May we call you by phone regarding appointments? Yes _____ No _____

May we contact you by text regarding appointments? Yes _____ No _____

May we share your information with your family members? Yes _____ No _____

Patient's name: _____

Patient's 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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)