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Acknowledgement Of Receipt Of Notice Of Privacy Practices

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

Print Name

Signature

Date

For Our Office Use Only

Our office attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:

Patient refused to sign

Communication barriers obtaining the acknowledgement

An emergency situation prevented us from obtaining the acknowledgement

Other (Describe below)

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