

# Brian R. Oliver, DMD, LLC

\* You May Refuse to Sign This Acknowledgment\*

**I have been offered this office's Notice of Privacy Practices.**

**\*\*You can find Notice on website [droliverortho.com](http://droliverortho.com) under forms**

Patients' Name: \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

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

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

Who may we give information to regarding patient's treatment/financial: \_\_\_\_\_

---

## 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)

---

---

---