

**Patient Acknowledgement of Receipt
of this office's
Notice of Privacy Practices.
J. David Gibeault, M.D., P.C.**

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

Patient Signature (or signature of duly authorized Patient representative) Date Time



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

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgement.
- Other: _____

Office Personnel Signature Date