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**Acknowledgment of Receipt
Of Notice of Privacy Practices**

Patients name and
address: _____

I have received a copy of the Notice of Privacy Practices for the above
names practice.

Signature Date

For Office Use Only

___ We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practice
because:

___ An emergency existed and a signature was not possible at the time.

___ The individual refused to sign.

___ A copy was mailed with a request for a signature by return mail.

___ Unable to communicate with the patient for the following reason:

Other: _____

Prepared by: _____

Signature: _____

Date: _____