

**Molly R. Gannon, DDS, PC**

---

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

---

*\*You May Refuse to Sign This Acknowledgement\**

I do hereby acknowledge that I have read the Notice of Privacy Practices pertaining to this office.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization of Personal Health Information Disclosure**

The information described above may be disclosed to the following recipients:

Name of person #1: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of person #2: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

\_\_\_\_\_  
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 acknowledgement
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_