

Gover & Gover, DMD, PA  
3840 Ed Drive  
Suite 120  
Raleigh, NC 27612

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## Acknowledgement of Receipt of Notice of Privacy Practices

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Patient Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received and have read a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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**We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed and a signature was not possible at this 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: \_\_\_\_\_