

*Charles Khoury, D.M.D, Inc.*

**Acknowledgement of Presentation of ‘Notice of Privacy Practices’**

**THIS NOTICE ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTOOD THE PRIVACY PRACTICES OF CHARLES KHOURY, D.M.D, INC. AND THAT ANY QUESTIONS THAT YOU MAY HAVE WERE ANSWERED AND UNDERSTOOD TO YOUR SATISFACTION.**

*I acknowledge that I have reviewed the copy of this office’s Notice of Privacy Practices. I acknowledge that I understand the Privacy Practices of this office and any questions that I may have had were explained to my satisfaction*

*Printed Name:* \_\_\_\_\_

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

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

*For office use: witness name* \_\_\_\_\_

*Individual refused to sign*

*Communications barriers prohibited obtaining the acknowledgement*

*An emergency situation prevented us from obtaining the acknowledgement*

*Other (please explain)* \_\_\_\_\_

\_\_\_\_\_