



# Sugarland

Periodontics and Implant Dentistry

*Saving Smiles and Enhancing Lives*

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

*By signing this form, I acknowledge that I have received a copy of this office's Notice of Privacy Practices.*

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*Patient(s) Name*

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*Parent/Guardian Name (If applicable)*

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*Signature*

*Date*

### ***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 (Please Specify).*