

PINEY POINT ORAL AND MAXILLOFACIAL SURGERY, P.A.

2450 Fondren at Westheimer, Suite 320, Houston, TX 77063

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, _____, have received a copy of Piney Point Oral and Maxillofacial Surgery, P.A.'s Notice of Privacy Practices.

Please print name

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
- Communications barriers prohibited obtaining the acknowledgement
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- Other (Please Specify)

