



Lan D Duckett D.D.S. P.C.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have
received a copy of Dr. Lan D. Duckett's **Notice of Privacy Practices**

Patient's Signature: _____

Parent's/Guardian's 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:

___ Patient would not sign the form

___ A language barrier prohibited acknowledgement

___ An emergency situation prevented acknowledgement

___ Other (please specify) _____