



Dennis S. O’Leary, DDS PC
Family & Cosmetic Dentistry

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office’s Notice of Privacy Practices.

Name of Person Signing

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining this acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

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