

Jeffrey L. Brewer D.D.S.
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Acknowledgement of
Receipt of Notice of
Privacy Practices.

Purpose: This form is used to obtain acknowledge of receipt of our Notice of Privacy Practices or to document out good faith effort to obtain the acknowledgement.

I _____ have received a copy of Dr. Jeffrey L. Brewer's Notice of Privacy Practices with an effective date of April 14, 2003.

Name of Patient: _____

Address of Patient _____

Signature of Patient: _____ Date: _____