

Receipt of Notice of Privacy Practices

Dr. Karen Cox-Haymaker, DDS, 701 S Main, Hennessey, OK 73742

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

I give permission to Dr. Cox-Haymaker or representative to speak or release information to the following:

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 the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____

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