

Stephen L. Vickers, DDS
13810 Champion Forest Dr., Ste. 204
Houston, Texas 77069
Phone 281-440-1200 Fax 281-440-3578

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

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

Please Print Patient Name Here

Date

Patient Signature (Parent/Guardian if Patient is a Minor)

For Office Use Only

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

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining the acknowledgement

_____ Other (please specify) _____