

McCARROLL DENTAL
Charles T. McCarroll, D.D.S.
10033 Wicker Avenue, Suite 9
St. John, IN 46373
phone 219-365-9750 fax 219-365-9845

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

*you may refuse to sign this acknowledgement

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

Print Patient Name Here

Signature (parent if minor)

Date

office use only

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

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

