

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

Rocky Point Dental
Dr. Michael Brian Bush DMD, PA
7864 US Hwy 117S, Ste A
Rocky Point, NC 28457
Tele: 910-210-2058
Fax: 910-210-2069

I, _____, have received and/or been
offered copy
(Print pts name)

of Rocky Point Dental's Notice of Privacy Practices

Print Name

Signature

Date

You May Refuse To Sign This Acknowledgment

FOR OFFICE US ONLY

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

- _____ Individual refused to sign
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify)