Richard L. Spencer, DDS
2101 Osborne Road
St. Marys, Ga. 31558

Acknowledgement of Receipt of
Notice of Privacy Practices

I have been provided a copy of Privacy Practices Notice from the above named practice and given a chance to read it and ask questions.

Patient's Signature: _____ Date: _____

If not signed by the patient, please indicate relationship:

Legal Representative's signature: _____ Date: _____
Relationship: _____

I authorize the individuals listed below to have access to my personal health information. I also authorize Dr. Richard Spencer to contact any of these individuals in the event I am not able to be reached or in case of emergency.

Name_____ Phone_____
Name_____ Phone_____
Name_____ Phone_____
Name_____ Phone_____

For Office Use Only:
Signed form received by: _____

Acknowledgement refused: _____

Efforts to obtain: _____
_____

Reason for refusal: _____
_____