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## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PATIENT PRIVACY PRACTICES**

**\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT\*\***

**I, \_\_\_\_\_ have received a  
copy of the office's Patient Privacy Practices.**

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**(Please Print Name)**

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**(Signature)**

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**(Date)**

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### **FOR OFFICE USE ONLY**

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**We attempted to obtain written acknowledgment of receipt of Patient  
Privacy Practices, but acknowledgment could not be obtained because:**

- **Individual refused to sign**
- **Communication barriers prohibited obtaining the acknowledgment**
- **An Emergency situation prevented us from obtaining  
acknowledgment**
- **Other (please specify)**

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**(Staff member initial)**

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