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

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I have received a copy of this office's Notice of Privacy Practices which describes how my health information may be used and disclosed.

Date \_\_\_\_\_

\_\_\_\_\_

Please print name

\_\_\_\_\_

Signature

**\*\* May we confirmed or leave messages concerning your appointments / treatment :**

At home \_\_\_\_\_, At work \_\_\_\_\_, On your cell \_\_\_\_\_

**\*\*Is there anyone with whom you would allow us to share your personal information or leave messages? Who** \_\_\_\_\_

Relationship \_\_\_\_\_

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**For Office Use Only**

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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 acknowledgement
  - Other (Please Specify)
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