

**Acknowledgement of Receipt of Notice of Privacy Practices  
Office of Christopher M. Anderson, DMD, LLC**

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770-973-6494

[www.dmdga.com](http://www.dmdga.com)

**Effective Date of this Notice: 10/5/2015**

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

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Below is 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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