

Bridget McAnthony, D.D.S.

Dentistry Dedicated to Children
5332 North Tarrant Parkway
Keller, TX 76248

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of Dr. Bridget McAnthony's **Notice of Privacy Practices**. If I am a minor unaccompanied by a parent or guardian, I will accept this notice and provide it to my parent or guardian.

Parent /Guardian (please print name)

Parent/Guardian signature

Date

The parent/guardian was offered a copy of the **Notice of Privacy Practices**. An attempt was made to obtain a signature on this **Acknowledgment of Receipt** for this notice. It could not be obtained because:

____ Individual refused to sign.

____ Parent stated that a copy was previously signed for sibling.

____ Emergency situation prevented obtaining acknowledgment.

____ Other (please explain).

Received by: _____

Date _____