

**Dean Brewer DDS  
Amanda Brewer DDS**

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

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\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_ have received a  
copy of this office's Notice of 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 acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_ Individual refused to sign

\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_ Other (Please specify)

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