



RAVENEL PERIODONTICS, PA
 Dr. Lisa Ravenel
 1130 E Butler Rd
 Greenville, SC 29607

Acknowledgment of Receipt of Notice of Privacy Practices

Ravenel Periodontics, PA Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have the read and received the Notice of Privacy Practices.

Signature of Patient or Representative:

Date:

Printed Patient Name:

Telephone Number:

Relationship to Patient (if other than Patient):

Name of Interpreter (if Applicable):

FOR OFFICE USE ONLY:

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED: YES NO

Please Document your efforts to obtain acknowledgement and reason it was not obtained.

- An emergency existed and a signature was not possible at the time
 - The individual refused to sign
 - A copy was mailed with a request for signature by return mail
 - Unable to communicate with the patient for the following reason
 - Other: _____
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