

# ACKNOWLEDGEMENT of RECEIPT of NOTICE of PRIVACY PRACTICES



**\* YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT \***

Tammy Weyandt, D.D.S., F.A.G.D.  
Anna Willison, D.D.S.  
806 S. Allen Heights, Suite 400  
Allen, Tx 75002  
972-359-6611

I, \_\_\_\_\_, have  
received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,  
but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_