

**MICHAEL P. GURKLIS, DMD, PA**

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

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

\_\_\_\_\_

{Please Print Name}

\_\_\_\_\_

{Signature}

\_\_\_\_\_

{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
- Communications barriers prohibited obtaining the acknowledgement
- Other (Please Specify)

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