

BLAINE CALAHAN, D.D.S, M.S.
JACK O'NEILL, D.M.D
CHRIS B. GARDNER, D.D.S., M.H.S
SHREVEPORT PERIODONTAL SPECIALISTS
745 Edgemont Street
Shreveport, LA 71106
(318) 868-0535

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of our office's Notice of Privacy Practices to read, and which describes how my health may be used and disclosed. We will provide a copy of our Notice of Privacy Practice to keep at your request.

SIGNATURE: _____ DATE: _____

.....

FOR OFFICE USE ONLY

_____ Individual refused to sign.

_____ Communication barriers prohibited us from obtaining acknowledgement.

_____ An emergency situation prevented us from obtaining acknowledgement.

_____ Other (Please specify) _____

