

Kathleen Schroeder Roth, D.D.S., P.L.L.C.
725 SW Higgins Ave, Ste A
Missoula MT 59803

ACKNOWLEDGEMENT OF RECEIPT FOR NOTICE OF PRIVACY PRACTICES

* You May Refuse To Sign This Acknowledgement *

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

Please Print Name

Signature

Date

For Office Use Only

We attempt 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)
