

# WOLFTEVER DENTAL

Brooks Pruehs D.D.S  
9203 Lee Highway, Suite 16  
Ooltewah, TN 37363  
Phone: (423) 238-5744  
Fax: (423) 238-5786

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\* You May Refuse to Sign This Acknowledgement \*

I, \_\_\_\_\_, have received a copy of  
Wolftever Dental's *Notice of Privacy Practices*.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please list any individual in which you give permission to release information for you:**

\_\_\_\_\_ Date

### For Office Use Only

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
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_

© 2002 American Dental Association  
All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior  
written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).