



**Travis Campbell, D.D.S.**  
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## **Acknowledgement of Receipt of Notice of Privacy Policies**

I, \_\_\_\_\_, have received a copy of Dr. Travis Campbell Notice of Privacy Policies.

\_\_\_\_\_  
Name (print or type)

Signature (Patient, Parent or Guardian):

### **OFFICE USE ONLY**

On \_\_\_\_\_, an *Acknowledgment of Receipt of Notice of Privacy Policies* form was delivered. The form was not signed due to:

- Communication barriers which prevent acknowledgement
- An emergency which prevent acknowledgement
- A refusal to sign

Other \_\_\_\_\_