

**Gregory R. Bowen, D.D.S.**

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

**I have reviewed a copy of this office's Notice of Privacy Practices.**

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**Please Print Name**

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**Signature**

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**Date**

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**For Office Use Only**

**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however, acknowledgement could not be obtained due to the following:**

- Individual refused to sign**
  - Communication barriers prohibited obtaining the acknowledgement**
  - An emergency situation prevented us from obtaining acknowledgement**
  - Other (please specify)**
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