

**LOWE ORTHODONTICS
1700 WESTBROOK AVE
BURLINGTON, NC 27215**

**ACKNOWLEDGEMENT OF RECEIPT
OF PRIVACY PRACTICES**

PATIENT NAME: _____

****UNLESS OTHERWISE NOTED ADDRESS SAME AS NEW PATIENT
FORM****

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

**We were unable to obtain a written acknowledgement of receipt of the
Notice of the Privacy Practices because:**

**An emergency existed & signature was not possible at this time*____

**The Individual refused to sign* ____

**A copy was mailed with request for a signature by return mail*____

**Unable to communicate with the patient for the following reason:*

**Other*_____