

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

BUFFALO PRAIRIE DENTAL CARE OF KEOKUK, INC.  
BUFFALO PRAIRIE DENTAL CARE OF QUINCY, INC.

**\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\***

I, \_\_\_\_\_, have received 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

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
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): \_\_\_\_\_