



**Stutler Dental Care**  
**1460 North Green St, Suite 100**  
**Brownsburg IN 46112**

---

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

---

**\*You May Refuse to Sign this Form**

I, \_\_\_\_\_, have received a copy of  
this office's Notice of Privacy Practices.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**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 the acknowledgement**

**An emergency situation prevented us from obtaining acknowledgement**

**Other (Please specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_