

**JAMES R. WELLS, III, DMD, PSC**  
**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

As required by federal and state law, this practice will maintain the privacy of your health information.

A complete notice of privacy practices is displayed in the waiting room and a copy is available for you at the front desk upon your request.

Please sign below to indicate that you have been provided an opportunity to read our privacy practices.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communications barriers prohibited obtaining the acknowledgment
- \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment
- \_\_\_\_\_ Other (Please specify)

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