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Name of Practice: A Darren Sholar, DDS, PA

**Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patients Name & Address:

Signature

Date

For Office Use Only

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

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared by: _____

Signature: _____

Date: _____