

**Larry F James, DDS**  
**5011 South Fulton Avenue**  
**Tulsa, Oklahoma 74135**  
**918-665-0015**

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

*I may refuse to sign this acknowledgement.*

I have received a copy of Dr. James' Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Patient Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only**

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other:

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