



Dr. LéMarcel Robinson, D.D.S.

**Acknowledgment of Receipt of  
Notice of Privacy Practices**

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

(Print name here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

How can we reach you?

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

When is the best time for us to contact you? \_\_\_\_\_

**Office use only**

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

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

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