



Percy "Bud" Luecke III, DDS, MSD
Board Certified Specialist in Orthodontics

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

****YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT****

Name: _____

Date: _____

Address:

Phone #: _____

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

Signature:

FOR OFFICE USE ONLY

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



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