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Notice of Privacy Practices Patient Acknowledgement

_____ I, (patient name) _____, acknowledge receipt of this **Notice of Privacy Practices**.

_____ I, _____, certify that I have made a good faith effort to obtain written acknowledgement of receipt of this **Notice of Privacy Practices**, from patient _____ but the acknowledgement was not obtained because:

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient) _____

This document must remain in the patient's chart at all times.

This document must be retained for the longer of 6 years from the date of its creation or when it was last in effect.