



**Tate C. Langdon D.D.S., PA**

**COSMETIC AND FAMILY DENTISTRY**

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**ACKNOWLEDGMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

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\*You may refuse to sign this acknowledgement\*

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

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Please Print Name

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Signature

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Date

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For 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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: \_\_\_\_\_