

**ROBERT H. SHACKELFORD, D.D.S., P.C.**

3915 JOHNS CREEK COURT

SUITE 110

SUWANEE, GEORGIA 30024

Telephone (770) 442-8472

Fax (770) 751-6880

---

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

---

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

---

Please print name

---

Signature

---

Date

---

For office use only

---

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 (please specify)

---

---

---

---