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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge I received a copy of Dr. Taggart-Burns Notice of Privacy Practices:

Patient Name : _____

Parent/Guardian (if minor): _____

Signature : _____

Date: _____

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies, but acknowledgement could not be obtained because: Individual refused to sign Communication barriers prohibited this acknowledgement an emergency situation prevented us from obtaining acknowledgement