

Gary Lee Breece, DDS, MS
402 South Oakwood
Enid, Oklahoma 73703
580-233-2557

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

I may refuse to sign this acknowledgement.

I have received a copy of Dr. Breece's Notice of Privacy Practices.

Please Print Name

Signature

Date

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:

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Date: _____

Signature: _____

I consent for the office of Dr. Breece to share my personal information with the following: (family, friends, etc.)

Name / Relationship:

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____