



Richie Gallant, D.D.S.

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Acknowledgment of Receipt of Notice of Privacy Practices

I have read a copy of the Notice of Privacy Practices for Richard C. Gallant, DDS.

Name of Patient (Print)

Signature of Patient

Signature of Patient Representative (Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

Date

*****OFFICE USE ONLY*****

Documentation of Attempt to Obtain Acknowledgment of Receipt of Notice of Privacy Practices

An attempt was made to obtain an acknowledgment of receipt of the Notice of Privacy Practices. The acknowledgment was not obtained because:

- ☐ The patient was undergoing emergency treatment.
- ☐ The patient declined to sign the acknowledgment.

Name of Patient (Print)

Name of Staff Member

Date