

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

**Robert A. Leigh, DMD  
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I have received a copy of this office's Notice of Privacy Practices

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Signature

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Date

**\*You May Refuse To Sign This Acknowledgement\***

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**For office use only**

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)