



Jeffrey M. Ward, DDS, PA

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**I have received and/or reviewed a copy of
Jeffrey M. Ward, D.D.S's
Notice of Privacy Practices.**
(You may refuse to sign this acknowledgement.)

Guarantor signature _____

Date _____

**I authorize the following individuals to act as appointed healthcare
representatives with whom my health information may be discussed:**

For office use only:

We attempted to obtain written acknowledgement of receipt of our
Notice of Privacy Practices, but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ Communications barriers prohibited obtaining
the acknowledgement

_____ An emergency situation prevented us from
obtaining acknowledgement

Staff Signature _____ Date _____