

BRAD W. SUNDSTROM, D.M.D.  
7044 Lee Highway Chattanooga, TN 37421  
Phone: (423) 894-0650 Fax: (423) 894-0720

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

For the office of Brad W. Sundstrom, D.M.D.

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I, (print patient name) \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient/Parent or Guardian Signature

\_\_\_\_\_  
Date

PLEASE ASK FOR A COPY IF NEEDED\*\*\*

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\_\_\_\_\_  
For Office Use Only

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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
  - Communication barriers prohibiting obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (please specify)
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