

# Matthew D. Gemp, D.M.D.

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## Notice of Privacy Practices

I, \_\_\_\_\_, have read a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
FOR OFFICE ONLY  
\_\_\_\_\_

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

- Individual refused to sign.
  - Communication barriers prohibited obtaining the acknowledgment.
  - An emergency situation prevented us from obtaining acknowledgment.
  - Other (Please specify)
- \_\_\_\_\_  
\_\_\_\_\_