

FAMILY DENTAL CARE

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

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

\_\_\_\_\_  
{Please Print Name}

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{Signature}

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{Date}

\_\_\_\_\_  
For Office Use Only  
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices acknowledgement could not be obtained because:

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