

We Create Beautiful Smiles

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

,	, have received a copy of this office's Notice of Privacy Practices.
Patient Information	
E-mail:	cellular:
Signature:	
Date:	_
	FOR OFFICE USE ONLY

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

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

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