



R I D G E C O M M O N S

FAMILY DENTISTRY

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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
Name of Patient or Parent Legal Guardian
Privacy Practices.

Please print name of Patient or Parent/Legal Guardian

Signature of Patient or Parent/Legal Guardian

Date

For Office Use Only

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
- Communications barriers prohibited obtaining the acknowledgement
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