

The Dentists South Shore
**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

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

I, _____, have read and been offered a copy of this
office's Notice of
Privacy Practices.

{Signature}

{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
- • An emergency situation prevented us from obtaining acknowledgement
- • Other (Please Specify)