
Advanced Dental Center

ACKNOWLEDGEMENT OF
PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____, understand that I may receive a copy of this office's Notice of Privacy Practices at my request.

Please Print Name

Signature

Date

For Office Use Only

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

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