

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement



**ALL SEACOAST
DENTAL ASSOCIATES**

ACKNOWLEDGEMENT

I, _____, have received a copy of All Seacoast Dental's Notice of Privacy Practices.

Print Name _____ 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)
