

Advanced Dental Centers

Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgement*

Purpose:

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement. Please print your name below.

I, , have received a copy of this office's Notice of Privacy Practices or I have carefully reviewed it the Internet website www.AdvancedDentalCenters.com.



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)
-
-
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