

SUNRISE SIDE DENTAL CENTERS

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

I have received/ or have been offered, a copy of this office's Notice of Privacy Practices.

Please Print Name

X

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 barrier prohibited the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgement

____ Other (Please Specify)
