SOUTH MOUNTAIN
DENTAL

ACKNOWLEDGMENT of RECEIPT of *NOTICE of PRIVACY PRACTICES*

You may refuse to sign this form

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

_____
Signature

_____
Patient's Name

_____
Date

OFFICE USE ONLY

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

- ❑ Individual refused to sign
- ❑ Communication barriers prohibited obtaining the acknowledgment
- ❑ An emergency situation prevented us from obtaining acknowledgment
- ❑ Other (be specific)

_____

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