

Greenwood Dental

Acknowledgement of Receipt of Notice of Privacy Practices

o o o *You may refuse to Sign this acknowledgement

I _____ have received a copy of this office's Notice of
Privacy Practices.

_____ (Please 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
- An emergency situation prevented us from obtaining
acknowledgement
- Other (Please Specify)

-2002 American Dental Association

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14, 2002)

Revised on January 24, 2007.