

**Downtown Dental Studio
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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
You May Refuse to Sign This Acknowledgment**

I, _____,
have reviewed a copy of this office's Notice of Privacy.

{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:**

ﻻ Individual refused to sign

ﻻ Communications barriers prohibited obtaining the
acknowledgement

ﻻ An emergency situation prevented us from obtaining

acknowledgement

Other (Please Specify)

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