

Elite Dental & Denture PC
13-15 Clinton Ave
Cortland, NY 13045
(607)758-7700

Acknowledgment of Receipt of Notice
Of Privacy Practices

** You may refuse to sign this acknowledgement**

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

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.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify) _____