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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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**\*\*You May Refuse to Sign This Acknowledgement\*\***

By signing below, I acknowledge that I have reviewed and/or received a copy of Implant & General Dentistry's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Signature

Date \_\_\_\_\_

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### 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 barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_