



DENTISTRY
of the Palm Beaches

**ACKNOWLEDGEMENT 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.

Date: _____ Witnessed by: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice or
Privacy Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- other (please specify)
