



# PEDIATRIC DENTISTRY

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I \_\_\_\_\_ have been provided a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### For Office Use Only

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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)

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