



Periodontal & Implant Esthetics

Practice Limited to Periodontics and Implant Dentistry

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**.

pDF

Please Print Name

Signature

Date

Please specify below any family members or friends whom we may disclose your dental information, otherwise records will remain confidential.

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)

