



# Advanced Dentures & Implants

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\*You may Refuse To Sign This Acknowledgment

I, \_\_\_\_\_, have received a copy of this office's  
Notice of Privacy practices.

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice Of Privacy Practices, but acknowledgment could not be obtain because.

Please circle one:

- 1) Individual refuse to sign
- 2) Communication barriers prohibited obtaining the acknowledgment
- 3) An emergency situation prevented us from obtaining acknowledgment.

Other (Please Specify)