

Drs. Gerald B. and Richard P. Adelstein D.D.S., Inc.

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.

(Please Print)

(Signature)

(Date)

_____ 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)

