SMILE BRITE DENTAL Alfonso C. Fernandez, D.D.S. 4084 North Henry Blvd. Stockbridge, GA 30281

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

١,_	, have received a copy of this
of	fice's Notice of Privacy Practices.
	Please Print Name
	Signature
	Date
6	For Office Use Only
	e attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, t 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)