Acknowledgement of Receipt of

Notice of Privacy Policies

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of Union Dental Care’s Notice of Privacy Policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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| Office Use OnlyOn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an Acknowledgement of Receipt of Privacy Policiesform was delivered. The form was not signed due to: * Communication barriers which prevented acknowledgement
* An emergency situation which prevented acknowledgement
* A refusal to sign
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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