

# PHOENICIAN DENTAL CENTER

## ACKNOWLEDGEMENT OF RECEIPTS OF PRIVACY PRACTICE

**\*You may refuse to sign this acknowledgement\***

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

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Printed name

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Signature & Date

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For Office Use Only

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We attempted to obtain written acknowledgment of our Notice of Privacy Practices but were unable to for the following reason:

- Individual refused to sign
- Communication barriers prohibited obtaining it.
- An emergency situation prevented us from obtaining it.
- Other: Specified:

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