
**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Contemporary Implantology

✦ You May Refuse to Sign This Acknowledgment

I, _____, have reviewed/received a copy of this office's
(*print PATIENT name*) Notice of Privacy Practices.

Please Print PATIENT Name

Signature of Patient or Guardian

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
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)
