

# Dentistry 2000

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\_\_\_\_\_, has received and reviewed the Notice of Privacy  
Practice provided by Dentistry 2000.

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(Please Print Name)

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(Signature)

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- Individual refused to sign
- Communication barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

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