

# Windsor Family Dentistry

## Acknowledgement of Receipt of Notice of Privacy Practices

**\* You May Refuse to Sign This Acknowledgment\***

I, \_\_\_\_\_, have reviewed a copy of this office's Notice of Privacy Practices. (If you would like a hard copy, please ask.)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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