

Centreville Dental Wellness Center

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ACKNOWLEDGEMENT OF RECEIPTS OF
NOTICE OF PRIVACY PRACTICES

I, _____, have read a copy of this office's Notice of HIPAA Privacy Practices.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of HIPAA Privacy Practices, but acknowledgement could not be obtained because:

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

