

**Joseph Dental Associates**  
**Acknowledgement Of Receipt Of Notice of Privacy Practices**

**“You May Refuse to Sign This Acknowledgment”**

I, \_\_\_\_\_, have received a copy of this office’s Notice of Private Practices.

\_\_\_\_\_  
**{Please 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

