



SILVESTRI & COMFORT

FAMILY DENTISTRY

ACKNOWLEDGMENT 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
Privacy Practices.

Please Print your Name

Signature

Date

For Office Use Only

We attempt to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but
acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
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