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## Birchwood Family Dental

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person(s)/or entities who are allowed to inquire about patient treatment

\_\_\_\_\_  
Date

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#### For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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