



# **PREMIER PROSTHODONTICS**

**ADVANCED AESTHETIC & IMPLANT DENTISTRY**

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**You may refuse to sign this acknowledgement**

I, \_\_\_\_\_, have received a copy of Premier Prosthodontics Notice of Privacy Practices.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

### **For Office Use**

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

\_\_\_ Patient or guardian refused to sign

\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_ Other (please specify)

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

Office Administrator Signature \_\_\_\_\_