

# I ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

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for

## Pauly Family Dental Group

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(You May Refuse To Sign This Acknowledgement)

I, \_\_\_\_\_, have received a copy of this  
(Print your name here)  
office's Notice of Privacy Practices.

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**Signature**

**Date**

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### OFFICE USE ONLY

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

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

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(Employee's signature)

(Date)