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(NAME OF PRACTICE)

## 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.

Please Print Name

Signature

Date

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevent us from obtaining acknowledgement
- Other (Please Specify)