

Reliance Dental Care 363 Great Road, Suite 205 Bedford, MA 01730, Telephone: 781-0275-2157

## Acknowledgement of Receipt of Notice of Privacy practices

You may Refuse to Sign This Acknowledgement

Please Print Name  Signature  For Office Use Only  We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, a required by law, but acknowledgement could not be obtained because:  Individual refused to sign  Communications barriers prohibited obtaining the acknowledgement  An emergency situation prevented us from obtaining acknowledgement	I,	have received a copy of this office's
Signature  For Office Use Only  We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, a required by law, but acknowledgement could not be obtained because:  Individual refused to sign  Communications barriers prohibited obtaining the acknowledgement	Notice of Privacy Practices.	
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, a required by law, but acknowledgement could not be obtained because:  Individual refused to sign  Communications barriers prohibited obtaining the acknowledgement	Date	
<ul> <li>required by law, but acknowledgement could not be obtained because:</li> <li>Individual refused to sign</li> <li>Communications barriers prohibited obtaining the acknowledgement</li> </ul>	For	Office Use Only
Communications barriers prohibited obtaining the acknowledgement	±	
	• Individual refused to sign	
An emergency situation prevented us from obtaining acknowledgement	Communications barriers prohibite	ed obtaining the acknowledgement
	• An emergency situation prevented	us from obtaining acknowledgement
• Other (Please Specify:	• Other (Please Specify:	