

Distinctive Dentistry- Noelle M. George, DMD LLC

Acknowledgement of Receipt of Notice of Privacy Practices

This form is used to obtain acknowledgement of receipt of its Notice of Privacy Practices or document its good faith effort to obtain that acknowledgement.

You MAY refuse to sign this acknowledgement

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

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, 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
- Other (please specify) _____

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