

Clarksville Dental Center
**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}

Print and Sign _____

{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:

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

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