



## Center for Specialized Dentistry

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### Acknowledgement of Receipt of Notice of Privacy Practices

## Acknowledgement

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I, \_\_\_\_\_, have received a copy of The Center for Specialized Dentistry/Dr. John V. Louis, DMD, LLC's Notice of Privacy Practices.

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Print Name (if other than patient)

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Signature

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Date

## For Office Use Only

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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
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An emergency situation prevented us from obtaining acknowledgement

Other (please specify)

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