

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
EDISON PROSTHODONTICS
1941 OAK TREE ROAD, #301
EDISON, NJ 08820
732 906 0077**

I, _____

Have received a copy of this offices's Notice of Privacy Practices

Sign: _____

Date: _____

For office use only

We attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because

- Individual refused to sign
- Communication barriers prohibited it
- An emergency situation prevented it
- Other: _____