



# Greenfield Periodontics and Implant Dentistry

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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*\*You May Refuse To Sign This Acknowledgment\**

- I have received a copy of this office's Notice of Privacy Practices.
- I DO NOT want my protected health information to be disclosed to the following:

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Signature

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Date

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### For Office Use Only

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We attempted to obtain written acknowledgement of Receipt of our Privacy Practices, but acknowledgement could not be obtained because of the following:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

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