

PATIENT NUMBER

EDWARD G. SARKISIAN, D.D.S., P.C.
22190 GARRISON, SUITE 201, DEARBORN, MI 48124-2235
TELEPHONE (313) 277-8900 FAX (313) 277-8914

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

* You May Refuse to Sign This Acknowledgement*

SECTION A: The Patient

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

SIGNATURE: _____

PRINT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (____) _____ CELL (____) _____

E-MAIL: _____ @ _____

SECTION B: For Dental 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)

SIGNATURE: _____ DATE _____

PRINT NAME: _____ TITLE: _____

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**