

MASCOMA DENTAL ASSOCIATES, PLLC

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)

(Signature)

(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:

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

