

Todd M. Bennett DDS, MDS, PC

**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)

LOWER SECTION 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*
- Communications barriers prohibited obtaining the
acknowledgement*
- An emergency situation prevented us from obtaining
acknowledgement*
- Other (Please Specify)*

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