



GREAT EAST

DENTAL ASSOCIATES

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement.

I have received a copy of the GREAT EAST DENTAL ASSOCIATES Notice of Privacy Practices.

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 Acknowledgement

_____ An Emergency Situation Prevented Us From Obtaining Acknowledgement

_____ Other, please explain _____
