

BOS DENTAL

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

*****YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT*****

I, the undersigned have received a copy of this office's Notice of Privacy Practices

Print Name: _____ **Date:** _____ **Signature:** _____

IF you would like electronic confirmation, (Emails, Text Messages), please provide us with your email address and/or cell phone number.

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

IF you would like us to talk to anyone other than you regarding your dental account, please list their name and relationship to you.

1. _____
2. _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of 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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