



SHALLOWFORD DENTAL INC.
SANJAY PATEL, D.M.D.
DENTIST

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 Notice of Privacy Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Emergency situation prevented us from obtaining the acknowledgement
- Other (Please specify) _____

© 2002 American Dental Association
All Rights Reserved

Reproduction and use of this form by dentist and their staff is permitted. Any other use, duplication or distribution of this form by another party requires the prior written permission of the American Dental Association