

Bruce Schechner, D.D.S., P.C.

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 acknowledgment of receipt of our Notice Of Privacy Practices but
acknowledgment could not be obtained because:

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining the acknowledgment
- _____ An emergency situation prevented us from obtaining acknowledgment
- _____ Other (Please Specify) _____

