

Acknowledgement of Receipt of Notice of Privacy Practices

l,	have received a copy of Chestnut Dental Associates' Notice
	of Privacy Practices and have had the opportunity to ask questions.
	* You May Refuse to Sign This Acknowledgment*
Plea	se check your preferred means of communication:
	You may contact me at my home telephone number:
	You may contact me on my mobile telephone number:
	You may contact me on my work telephone number:
	You may send me an unencrypted email/text message at:
	Other
pare	tion to custodial parents and legal guardians: [Examples include parent (if pr>18yo), spouse, stepent, grandparent, caregiver, pediatrician,/primary care doctor, dental specialist, etc.]:
	Date added / Removed:
	Date added / Removed:
э	Date added / Removed
I hav	ve received a copy of Chestnut Dental Associates' Notice of Privacy Practices.
Prin	t Name: Patient Name:
Sign	ature: Date:
We	For Office Use Only 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)
	Other (riease Specify)

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