

I. JAY FREEDMAN DDS & ASSOCIATES, P.C.

Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office’s Notice of Privacy Practices.

Patient Name - Print: _____

Signature: _____

My signature indicates I understand this document will be scanned and that a print out will be considered the original document.

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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