

Dr. Dino S. Javaheri, DDS

Acknowledgement of Receipt of Notice of Privacy Practices and Dental Materials Fact Sheet

Purpose: We are required by law to provide these forms and make a good faith effort to obtain acknowledgement of receipt. 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 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)
