

Falls Family Dental

Dr. Stephen T. Fabry

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I, (please print name) _____, have received a copy/do not require a copy of this office's Notice of Privacy Practices.

Signature _____

Date _____

(If signing on behalf of a minor-please put their name below)

Print Patient's Name _____

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 prevented us from obtaining acknowledgement
- Other (Please Specify) _____

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