
Michael R. Peters D.D.S.

**ACKNOWLEDGMENT 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.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Preferences, 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}
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