



Family Dental Center

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Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I, _____ have received a copy of this offices 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 Practices, but
acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other