



WOODBIDGE  
DENTAL CENTER

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\*You May Refuse To Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of  
this office's Notice of Privacy Practices.

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PRINT NAME

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SIGNATURE

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DATE

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FOR OFFICE USE ONLY

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