

**FAMILY & ESTHETIC DENTISTRY OF HAMDEN**

***ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES***

**\*\* You May Refuse To Sign This Acknowledgement\*\***

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

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Please 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 acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (please specify)

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