

# Acknowledgement of Receipt of Notice of Privacy Practices

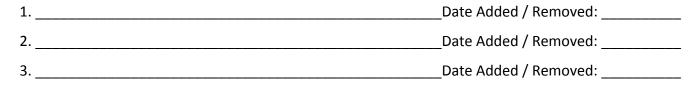
l,	have received a copy of Aberdeen Dental, LLC's Notice of Privacy
	Practices and have had the opportunity to ask questions.

\* You May Refuse to Sign This Acknowledgment\*

### Please check your preferred means of communication:

You may contact me at my home telephone number:
You may contact me on my mobile telephone number:
You may contact me on my work telephone number:
You may send me an unencrypted email at:
Other

## Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:



### I have received a copy of Aberdeen Dental, LLC's Notice of Privacy Practices.

Print Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*

### 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 situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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