



# SILVESTRI & COMFORT

FAMILY DENTISTRY

## 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 your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**For Office Use Only**  
\_\_\_\_\_

We attempt to obtain written acknowledgment of receipt of our Notice of Privacy Practices, 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) \_\_\_\_\_