Bayshore Dentisty

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowedgement*	
I,have received a copy of office's Notice of Privacy Practices.	this
Please *int 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)	
	_
	_