



**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) _____