## ALABAMA DENTAL ASSOCIATES

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

(Please Print Name) Notice of Privacy Practices.  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 attained because:  Individual refused to sign  Communications barriers prohibited obtaining the acknowledgement  An emergency situation prevented us from obtaining acknowledgement  Other (Please Specify)	Name of the last o	have received a copy of this office's
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