Dr. Saoly Benson, DDS, MS

**ACKNOWLEDGEMENT OF RECEIPT OF**
**NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, , have received a copy of this office’s Notice of
Privacy Practices.

{Please Print Patient’s 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)