

SB Dental Studio
Family and Cosmetic dentistry
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**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgment

I, _____, have reviewed a copy of this office's Notice of Privacy.

Signature

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- A. Individual refused to sign
- B. Communications barriers prohibited obtaining the acknowledgment
- C. An emergency situation prevented us from obtaining acknowledgment
- D. Other (Please specify)

