

## Acknowledgement of Receipt of Notice of Privacy Practices

l,	have received a copy of Daysy Pinero, DMD, PA's Notice of
	Privacy Practices and have had the opportunity to ask questions.

\* You May Refuse to Sign This Acknowledgment\*

### Please check your preferred means of communication:

You may contact me at my home telephone number:
You may contact me on my mobile telephone number:
You may contact me on my work telephone number:
You may send me an unencrypted email/text message at:
Other

# Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1	_Date Added / Removed:
2	_Date Added / Removed:
3	_Date Added / Removed:

### I have received a copy of Daysy Pinero, DMD, PA's Notice of Privacy Practices.

Print 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)

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