

**Acknowledgment of Receipt of
Notice of Privacy Policies**

I _____, have received a copy of
Atlantic Dental Notice of Privacy Policies.

Name (print)

Signature

Date

Office Use Only

On _____, an Acknowledgment of Receipt of Notice of Privacy
Policies form was delivered. The form was not signed due to:

- * Communication barriers which prevent acknowledgment
- * An emergency which prevents acknowledgment
- * A refusal to sign
- * Other _____

This information is intended as advisory in nature and should not be considered as legal advice nor is it a substitute for legal advice. This information does not constitute technical information system/security advice. It is designed to assist you in your own risk management activities. It is not intended to be exclusively relied upon or used as a substitute for your own loss-control program. Accuracy and completeness are not guaranteed.