

RRDUNDOURS

**Acknowledgement of Receipt of
Notice of Privacy Practices**

I, _____, have received a copy of RR
DUNDOURS *Notice of Privacy Practices*.

Please Print Name

Signature

Date

For Office Use Only

Boston Park Dental Group attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign,
- Communication barriers prohibited obtaining the acknowledgement,
- An emergency situation prevented us from obtaining acknowledgement, or
- Other (Please Specify)

Information recorded by: _____ Date: _____