



Creativity in Dentistry

CRIS DURGHINESCU, D.D.S., Inc.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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

I, \_\_\_\_\_,  
have received a copy of this office's Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### 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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