

Acknowledgement of Receipt of Notice of Privacy Practices

Janis Moriarty, DMD, PC

* You May Refuse to Sign This Acknowledgment*

**Our Notice of Privacy Practices is posted for our patients in our reception area.
You can request a copy of this office's Notice of Privacy Practices
at anytime including at the time of your visit.**

**I am aware of this office's Notice of Privacy Practices and understand that the
policy is posted for me to read and I can request a copy at any time.**

Print Name: _____

Signature: _____

Date: _____

____ I have received a copy of this office's Notice of Privacy Practices.

____ I have declined to receive a copy of this office's Notice of Privacy Practices but I am aware I can obtain a copy at anytime.

____ I will request a copy at my appointment or print one from this office's website for my records. www.myhealthysmile.net (Under "New Patients" tab.)

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) _____

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