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**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

**\*\* You may refuse to sign this acknowledgement \*\***

I, \_\_\_\_\_ have received a copy of Durango Family  
(Responsible Party)

Dentistry's Notice of Privacy Practices on behalf of \_\_\_\_\_  
(Patient's Name)

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

Relationship to Patient: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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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 below).

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