

# Dental Arts of Boston

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## Acknowledgement of Receipt of HIPAA

I, \_\_\_\_\_, have received a copy of Dental Arts of Boston's privacy practices and provided an opportunity to review it.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

For Office Use Only

We attempted to obtain written acknowledgement of our receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)

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